



Consent 3 - Consent for Health Insurance Coverage Assistance

CFS, CORP.
105 BROADWAY STREET
VINCENNES, IN 47591
812-790-2599

I. Consumer and Navigator Role and Responsibilities

CFS, Corp. provides health coverage outreach, education, and enrollment assistance on behalf of Covering Kids & Families of Indiana. Through **CFS, Corp.** you have access to a certified Indiana Navigator who can (and must) give you fair, accurate, and unbiased information regarding the health coverage options available to you. **CFS, Corp.** can also help you complete your application and maintain enrollment. These services are **free of charge**.

CFS, Corp. is here to help, but **you are responsible** for providing the information and records needed to complete your health coverage application and meeting your Navigator appointments and enrollment deadlines. **CFS, Corp.** MAKES NO REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF QUALITY OR FITNESS FOR A PARTICULAR PURPOSE.

You do not have to provide **CFS Corp.** with information that you do not want to provide. However, if you provide information that is inaccurate or incomplete, **CFS, Corp.** may not be able to offer all the help that is available for your situation. You will be asked to provide only the minimum amount of personal information that is necessary to help with your health insurance application and enrollment, ensure quality control, and collect demographic information.

II. Consent to Coverage Assistance

I, _____, have read and understand the information above, and I give my permission to **CFS, Corp.**, including the individual Navigators who are a part of **CFS, Corp.**, to create, collect, disclose, access, maintain, store, and/or use my personally identifiable information (including PII that I provide for any of my dependents and or other household members, which I attest I am authorized to disclose) that I provide to help me find and maintain health coverage.

Signature: _____

Date: _____

Navigator Name: _____