

SMS CONSENT AUTHORIZATION FORM

Insurance Markets of America LLC

AGENT INFORMATION:

Agent Company Name: _____

Agent Name: _____

Agent License Number: _____

Date: _____

CLIENT INFORMATION:

Full Name: _____

Date of Birth: _____ SSN: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

SMS CONSENT AUTHORIZATION:

I authorize the above-named agent and agent company to send me text messages regarding my insurance policies, renewals, appointments, and related services to the phone number provided below. Messages will be sent through Insurance Markets of America LLC's platform.

I understand that:

⌘ Message frequency varies based on my insurance needs

⌘ Standard message and data rates may apply

⌘ I can opt out anytime by replying STOP to any message

⌘ I can get help by replying HELP to any message

Phone Number for SMS: _____

FEDERAL MARKETPLACE AUTHORIZATION:

I authorize the above-named agent to assist me with health insurance enrollment through the federal marketplace and to access my application information as needed for enrollment assistance and ongoing client services.

CLIENT SIGNATURE SECTION:

Client Signature: _____ Date: _____

Print Name: _____

AGENT CERTIFICATION:

I certify that I have explained the SMS consent process to the client and obtained proper authorization.

Agent Signature: _____

Date: _____