

HealthWell Foundation Authorization Form
Authorization for Third-Party Representation

Patient Information

Patient Name: _____

Third-Party Representative Information

I authorize: _____ **[INSERT THIRD PARTY NAME]**
to serve as my representative for purposes of enrollment with the **HealthWell Foundation**,
a 501(c)(3) charitable organization (“HealthWell”), to receive and manage a grant from its
ACA Marketplace Insurance Premium Assistance Fund or other appropriate fund to help
pay my insurance premiums (“HealthWell Fund”).

Authorization and Consent

I understand that I must meet **HealthWell Foundation’s eligibility criteria** and other
requirements to receive premium payment assistance.

By providing my consent, I authorize HealthWell Foundation to:

- View and use the confidential information I have provided in writing, electronically,
or by telephone.
 - Use the information and consents I provide herein to complete my enrollment for a
grant on my behalf.
 - Permit the third party listed above to take any action deemed necessary or
appropriate to obtain HealthWell premium payment assistance on my behalf.
 - Confirm that I (or my authorized representative) reviewed the HealthWell eligibility
application information and verified its accuracy prior to submission.
-

Income Verification

I understand that it may be necessary for HealthWell Foundation to verify my household
size and income.

If income verification is required to complete my enrollment for premium payment assistance, I authorize the third party listed above to:

- Submit income information and documentation on my behalf; and
- Take such other actions as necessary to verify my income, including verification through a third party.

Electronic Consent

- ☐ I consent to receiving all notices electronically.
- ☐ I consent to the use of an **electronic signature** to sign all forms and documents presented to me by HealthWell Foundation during the enrollment process, including privacy policies and consent forms.
- ☐ I consent to use an electronic signature to sign this consent form.

Acknowledgment and Signature

Printed Name: _____

Signature: _____

Date: _____