



Release of Information

I, _____, give permission to MHBE and MHBE representatives to talk about my application with my broker of record, including sharing information about my application, enrollment status, or any appeal related to my application for health care coverage through Maryland Health Connection. My broker of record is _____.

I understand my broker may first try to resolve any problems with my application or enrollment through an informal process before helping me file an appeal. The time spent on the informal process does not count toward the time I have to file an appeal. This permission is valid until it is revoked or until the named broker is no longer my broker of record.

Applicant's Signature

Date

Print Applicant's Name

Producer Signature

Producer NPN