

# MARKETPLACE APPLICATION

Office: **Florida City**\_\_\_\_ **Tropical**\_\_\_\_ **Other**\_\_\_\_ Paid Premium: YES \_\_\_\_\_ NO \_\_\_\_\_  
**Date:** \_\_\_\_\_ Assisted By: \_\_\_\_\_ Check one: Renewal / New  
**PRONTO ALL INSURANCE SERVICES 2, LLC**

Primary/Head of Household Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (S): \_\_\_\_\_

Did you file a 2018 Tax Return: Yes / No

Immigration Status: \_\_\_\_\_

.....  
 Email Address: \_\_\_\_\_ Password: \_\_\_\_\_

Private Email Client: \_\_\_\_\_

.....  
**APPLICANT INCOME**  
**TAXPAYER**

Employed? Yes / No  
 If yes, Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Anticipated 2020 Income amount: \$ \_\_\_\_\_  
 Hourly: \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

.....  
**SPOUSE**

\_\_\_\_\_  
 (Name) (SSN) (D.O.B) Medicaid? Yes/No

Employed? Yes / No  
 If yes, Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Anticipated 2020 Income amount: \$ \_\_\_\_\_  
 Hourly: \_\_\_\_\_ Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

**Pronto All Insurance Services 2, LLC**

**Affordable Care Act Administration  
Limited Power of Attorney**

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In order for the “agent, Pronto All Insurance Services 2, LLC”, to manage, service and represent me in dealing with the administration of the health insurance plan selected through the “Marketplace” of the “Patient Protection & Affordable Care Act” (Obama Care), I concede this Power of Attorney to the agent so he can perform these services for me.

I understand that in order to facilitate this representation, the “username” and “password” that are necessary to login to my “Obama Care” marketplace account will be initially created by the agent. My agent will have this login information within the file for the course of my health insurance plan.

In order for me to disallow the agent’s access to my account once my enrollment with my desired plan is completed, I understand that I can change this login information at any time following said enrollment.

\_\_\_\_\_  
Subscriber Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subscriber Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

# MARKETPLACE APPLICATION

## DEPENDENTS

Name	Relationship	SSN	D.O.B	Medicaid? Yes/No

Smokes more than 4 cigarettes per week: YES  NO  Ethnicity: \_\_\_\_\_

Federal Income Tax Filing Status:  SINGLE  HOH  MFJ  MFS

Additional Sources of Income (Rental Income, Alimony, SSI, Self Employed etc....)?  YES  NO

If YES please specify source & anticipated amount to be earned (Only add INCOME that you will claim in your 2017 Tax Return):

\_\_\_\_\_ \$ \_\_\_\_\_  
Source (Yearly, Monthly, Weekly, Bi-weekly, Semi- monthly)

\_\_\_\_\_ \$ \_\_\_\_\_  
Source (Yearly, Monthly, Weekly, Bi-weekly, Semi- monthly)

\_\_\_\_\_ \$ \_\_\_\_\_  
Source (Yearly, Monthly, Weekly, Bi-weekly, Semi- monthly)

I accept to be interviewed and assisted with my Affordable Care Act (Obama Care Plan) at no expense to me, and I have provided my personal information in order to be assisted with the process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**PRONTO ALL INSURANCE SERVICES, INC**

## **PRIVACY NOTICE**

Protecting your privacy is important to Pronto All Insurance Services. We recognize that the privacy of personal information to our customers, and we strive to operate our business in a manner that justifies your choice of Pronto All Insurance Services products and services.

We are providing this privacy notice to you as required by law. This privacy notice explains the types of personal information we may collect from and about you, as well as how we may disclose and protect that information.

### **Who This Privacy Notice Covers**

This notice applies to personal information we collect when we provide insurance policies and other products and services to customers and former customers other insurance companies that provide insurance services in the United States. This notice applies whether you are a current or former customer of Pronto All Insurance Services.

### **Information We May Collect**

- We collect certain personal information so that we may prepare your insurance policy and collect data to enroll you in a Health Insurance plan. This information typically includes, for example, your name, address and certain other data such as your social security number, income and deductions data, and other personal information about you and your dependents that we need to prepare your insurance policies or enroll you in a Health Insurance plan.
- We may collect personal information in connection with transactions other than insurance policy preparation that you complete or propose to complete with us, our affiliates or certain non-affiliated third parties. This personal information may include, for example, your name, address and certain other “nonpublic personal information” such as checking, debit and credit account numbers, balances and payment history, income and assets.
- We may collect personal information from you, the IRS, and certain non-affiliated third parties such as credit reporting agencies.
- We also may collect personal information about you when you inquire about services or request information from us, submit rebate forms, or when you enter our contests. This personal information may include, for example, your name, telephone number, mailing address and e-mail address.

### **How We May Disclose Information About You**

Pronto All Insurance Services’ disclosure of personal information about you is controlled by various laws, regulations and other legal requirements, as well as Pronto All Insurance policies. For example, the personal information we obtain to prepare your insurance policies is subject to specific legal requirements. We may disclose personal information that we collect, subject to the terms of this privacy notice and consistent with applicable law. The examples obtained in this notice are illustrations; they are not intended to be exclusive.

- Where permitted or required by law, we may disclose personal information about you for our normal business purposes. For example, this may include disclosures to the Internal Revenue Service (IRS), and for certain other purposes where permitted by law (such as the processing of our insurance policy or enroll you in a Health Insurance plan).
- With your consent or where otherwise permitted by applicable law, we may disclose your personal information to service providers who perform business functions on our behalf. We require Pronto All Insurance Services providers to have written contracts that specify appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information.
- In certain situations involving personal information collected for insurance policy preparation, we may be required to have your consent before we disclose this information to affiliates or non-affiliated third parties. For example, if you have provided consent, we may disclose personal information about you in order to provide you with service enhancements and product opportunities that we believe may interest you.
- We do not sell or rent your personal information to third party direct marketers.

• Where permitted by law, we may disclose your personal information to financial institutions with which we have joint marketing agreements. We require all joint marketers to have written contracts with us that specify appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information.

• We may disclose your personal information to affiliates or non-affiliated third parties (including government entities) when we have a good faith believe that such disclosure is required or permitted by law. This may occur, for example, in connection with a court order, legal process, or other judicial, administrative or investigative, proceeding, or other situations (including our business operations) where the provision of certain information is required or permitted by law.

### **How We Protect Your Information**

Pronto All Insurance Services maintains physical, electronic, and administrative policies and procedures designed to restrict access to your personal information. These include programs and specifications for physical security and records retention and disposal; computer and communication security measures reflected in system design, password protection, and data management practices; and other measures to restrict access to the data we hold in physical and electronic forms.

### **How You May Control Use of Your Information**

Pronto All Insurance Services may use your personal information you provide (subject to your consent, where required) to communicate with you about products and services available through Pronto All Insurance. If at any time you wish to limit the offers or promotions you receive from us, you may call (305)246-4149. We will use reasonable efforts to comply with your request. In these situations, it may still be necessary for us to send you information from time o time about transactions or accounts you have with us.

**By signing this, I approve the privacy policies presented to me.**

\_\_\_\_\_  
Subscriber Signature

\_\_\_\_\_  
Date