



Certified Application Counselor Program  
Conflict of Interest Disclosure Form

<b>Entity Name</b>	
<b>Certified Application Counselor (CAC) Name:</b>	
<b>Certification Number:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Counselor Phone Number:</b>	<b>Counselor Email:</b>

I, \_\_\_\_\_ (“Certified Application Counselor”), provide the following conflict of interest disclosures:

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As your Certified Application Counselor, I will:

- Inform you and/or your Authorized Legal Representative about the full range of Covered California's health coverage options and insurance affordability programs for which you may be eligible;
- Help you to complete your application for health coverage through CoveredCA.com or the State of California Health Insurance Application (CCFRM604);
- Help you to enroll in a health insurance program.
- Not obtain access to your Personally Identifiable Information, Protected Health Information, and Federal Tax Information until authorized by you, or your Authorized Legal Representative, to perform the duties of a Certified Application Counselor.

By signing below, I acknowledge that I have read and understand the statements above.

<b>Consumer Printed Name:</b>	
<b>Consumer Signature:</b>	<b>Date:</b>
<b>Consumer’s Legal Authorized Representative Signature (If Applicable)</b>	<b>Date:</b>
<b>Consumer Phone Number (Optional)</b>	<b>Consumer E-Mail Address (Optional)</b>