

Certified Application Counselor (CAC) Designation Form

What a Certified Application Counselor Does

You may choose a Certified Application Counselor (CAC) to help you apply for, enroll in, or renew health benefits through certain programs that help with the costs of health insurance. Such plans include MassHealth, Children's Medical Security Plan, ConnectorCare plans, or other qualified health and dental plans through the Health Connector. You can do this by filling out this form (**the CAC Designation Form**). A CAC may:

- give you information on health coverage options and programs that provide financial help;
- help you fill out and submit your application, eligibility review form, or other eligibility-related forms;
- work with you to give proof of information requested by MassHealth or the Massachusetts Health Connector;
- help you respond to requests from MassHealth or the Massachusetts Health Connector about your application or other forms; and
- help you to report changes in your income, address, or other circumstances.

A CAC must provide you with a copy of, or read you, the terms of any application, eligibility, enrollment, or renewal-related form to be submitted for you. A CAC may not act independently from you and cannot make decisions for you. CACs are not tax advisers and generally cannot give legal or tax advice.

Your CAC will use the information that you provide solely for the purpose of helping you apply for, enroll in, or renew health benefits. A CAC has a duty to maintain the confidentiality of information received about you in accordance with applicable state and federal laws. CACs are also required to act in your best interests when helping you fill out the application or when performing any of the other duties previously listed. If a CAC or the organization where the CAC works has a conflict of interest (e.g., they work for a health insurance plan), they must tell you about that conflict of interest before they assist you. A CAC should not try to improperly influence your choice of insurance plans.

What Is the CAC Program?

The CAC Program is one type of assistance for individuals and families to get help to apply for, enroll in, or renew health benefits through certain programs that help with the costs of health insurance. Examples of these programs include MassHealth, Children's Medical Security Plan, ConnectorCare plans, or other qualified health and dental plans through the Health Connector. The CAC Program is required by the federal Patient Protection and Affordable Care Act for every Health Insurance Marketplace. In Massachusetts, the CAC Program is a joint program administered by both the Massachusetts Health Connector and MassHealth. The CAC Program is completely free and voluntary. You do not have to pay for the help you receive from a CAC. You are not required to have a CAC in order to apply for, or receive, benefits.

How to Designate a CAC

To designate a CAC, fill out this CAC Designation Form (you must fill out and sign Part A and the CAC must fill out and sign Part B) and either:

- **mail your signed form to:**
Health Insurance Processing Center
P.O Box 4405
Taunton, MA 02780; or
- **fax your signed form to:**
857-323-8300.

How a CAC Designation Ends

If you no longer want the person named on this CAC Designation Form to be your CAC, or if you want to appoint a different person to be your CAC, you must notify us by:

- **mailing your signed notice to:**
Health Insurance Processing Center
P.O Box 4405
Taunton, MA 02780; or
- **faxing your signed notice to:**
857-323-8300.

The notice must be signed and must include your name, address, date of birth, the name of your CAC, and a statement that the designation has ended. A person who has been previously designated as a CAC may also end the designation by contacting us in one of the previously described ways.

Certified Application Counselor Designation

Part A—Designation

(To be filled out by applicant or member—please print except for signature)

Applicant/Member:

First Name _____ MI _____ Last Name _____

Date of Birth: _____

MassHealth Member ID or Health Connector Subscribe ID (if applicable*): _____

**Please Note: If you do not have a MassHealth Member ID or Health Connector Subscriber ID number, please use your social security number, if you have one. If you do not have a social security number, please provide one of the following, if you have one:*

RefID (Eligibility ID # from member's online application): _____

Email Address (if you already applied online, by phone, or in person and provided an email address):

I certify that I have chosen the following person to be my Certified Application Counselor (CAC), that I understand the duties and responsibilities this person will have (as explained earlier in this form), and that by signing this **Certified Application Counselor Designation Form** I am authorizing this person to take any of the actions on my behalf that are described in the first paragraph of this form.

I hereby authorize the person named below to receive confidential information about me in connection with my application for, enrollment in, or renewal of health benefits.

I further certify under the pains and penalties of perjury that the information I provide to the person named below in connection with the application, eligibility, and enrollment processes, is true and complete to the best of my knowledge. I understand that the information about me that is provided to such person will be used to apply for, enroll in, or renew my health benefits. I also understand that such information may be shared with and/or used by other organizations, including the Health Connector and MassHealth, to decide if I qualify for health benefits. Recipients of such information, including the person named below, the Health Connector, and MassHealth, will maintain the confidentiality of such information in accordance with applicable law. I understand that the CAC is not a tax adviser and generally cannot provide legal or tax advice.

This designation will end when I terminate it (as explained earlier in this form). When I terminate this designation, MassHealth and the Health Connector cannot take back any information that they shared with the person named below regarding my application for, enrollment in, or renewal of, health benefits prior to the date of such termination.

CAC Individual Name: _____

CAC Certificate Number: _____ CAC Phone Number: _____

CAC E-mail Address: _____

CAC Organization ID Number: _____

CAC Organization Name: _____

CAC Street Address: _____

City: _____ State: _____ ZIP: _____

Applicant/Member Signature: _____

Date: _____

Part B—Acceptance

(To be filled out by Certified Application Counselor—please print except for signature)

I certify that I will at all times:

- accurately transcribe the information provided by the applicant or member named above during the application, eligibility, enrollment, and renewal processes and
- fulfill the responsibilities encompassed within the scope of my authorization (as described in the first paragraph of this form) unless my designation as this person's Certified Application Counselor is earlier revoked.

I will not submit any applications, forms or proof of information on behalf of such applicant or member, or report changes in such applicant's or member's circumstances, unless authorized to do so by such applicant or member.

I understand my duties and responsibilities as this person's Certified Application Counselor, including but not limited to, disclosing any conflicts of interest, acting in the best interests of the applicant or member and maintaining the confidentiality of information that I receive about the applicant or member (as explained earlier in this form).

Certified Application Counselor Name: _____

Certified Application Counselor Signature: _____

Date: _____