

# Remodel Health

## Selected Benefit Terms

By signing below, I confirm that I have reviewed the information provided in my health insurance application and have personally selected the plan that best meets my needs and preferences.

I authorize Remodel Health and/or its licensed downline agents through its designated enrollment partner to submit my completed application to the appropriate entity responsible for processing my health insurance enrollment. This may include, but is not limited to, the Federally Facilitated Marketplace, a State-Based Exchange (SBE), or directly to the health insurance carrier I have selected.

I also authorize Remodel Health and/or its licensed downline agents to serve as the Broker of Record (BOR) for my selected plan, and I may see references to Remodel Health, LINC Holdings, LLC, Austin Lehman, or a licensed agent employed by Remodel Health in my application or plan materials.

I understand the following:

- This authorization is specific to the submission of this year's application and applies only to the plan I have selected during this enrollment period.
- I may revoke this authorization at any time by contacting Remodel Health in writing.
- Remodel Health will retain a record of this authorization in accordance with federal compliance requirements.

I affirm and acknowledge that the information I have provided is accurate to the best of my knowledge and that I am signing this authorization voluntarily.