

**NAVIGATOR, NAVIGATOR ENTITY AND CERTIFIED APPLICATION
COUNSELOR (CAC) CONFLICT OF INTEREST STATEMENT AND
DISCLOSURE FORM**

Federal law requires navigators, navigator entities and certified application counselors certified by New York State of Health (NYSOH) to advise potential applicants with whom they assist of any actual or possible conflict of interests that may prevent them from providing impartial enrollment assistance. This form is to be used as a tool to disclose such conflicts to potential applicants.

I, _____, affirm that I have read the conflict of interest and disclosure
(please print name)
requirements, I understand the requirements, and I agree to comply with the requirements. I disclose the following potential and actual conflicts of interest in compliance with the requirements:

1. I disclose any lines of insurance business, not covered by the restrictions on participation and prohibitions, which I intend to sell while carrying out the consumer assistance functions:

2. I disclose any existing employment relationships or any former employment relationships within the last 5 years with any health insurance issuers or issuers of stop loss insurance or subsidiaries of health insurance issuers or issuers of stop loss insurance:

3. I disclose any existing or anticipated financial, business or contractual relationships with one or more health insurance issuers of stop loss insurance or subsidiaries of health insurance issuers or issuers of stop loss insurance:

Consumers may contact the New York State of Health Customer Service Center at 1-855-355-5777 to report their satisfaction or dissatisfaction with the enrollment assistance provided, whether all insurance options were presented in a fair and balanced manner, and for additional or alternative consumer assistance resources available.

Signature of Navigator/CAC

Date

Name of Navigator /CAC Agency

Date