FLORIDA

Enrollment Safety Checklist

Verify the representative and coverage before sharing sensitive information.

Type into the fields or print and write. Record categories only - never write Medicare or Social Security numbers, passwords, security codes, or bank/card numbers on this form.

Review date

Consumer / household (optional name or initials)

1 Identify the representative

Representative full legal name

Agency / organization

Role (agent, employer contact, assister, other)

How did this person contact you?

2 Verify the Florida license and identity

Official lookup: licenseesearch.fldfs.com

Florida license number

License status / category

Date checked

Appointment / carrier authority checked; findings or questions

- [ ] Record matches this person
- [ ] Role verified / license not applicable

3 Identify the carrier and exact coverage

Carrier / insurer legal name

Exact plan or policy name / ID

Exact product type (not just "health insurance")

Proposed effective date

Examples: Medicare Advantage, Part D, Medigap, ACA major medical, short-term, fixed indemnity, life, dental, vision, accident or critical illness.

Policy documents received (titles / version / coverage year)

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Document the request, your permission, and an independent way to verify it.

4 Understand information requested and consent

Information requested - categories only; purpose for each

Verified collection method / portal; who receives the information?

Consent given - exact action, person / agency, scope and date

Copy / record received; duration and how to revoke permission

- [ ] I reviewed application accuracy
- [ ] I understand any enrollment authorized

This worksheet records your review. It is not an enrollment form or consent authorization.

5 Record independent contact information

Verified phone / website / employer contact (found independently)

Where verified / date / remaining questions

6 Complete the seven-step check

- [ ] 1. Person identified
- [ ] 2. Authority verified
- [ ] 3. Product understood
- [ ] 4. Data request explained
- [ ] 5. Costs / benefits / deadline checked
- [ ] 6. Consent / application reviewed
- [ ] 7. Documents / confirmation saved

If information was shared: secure exposed accounts, save evidence, and contact:

Medicare: 1-800-633-4227 | Marketplace: 1-800-318-2596

Florida DFS: 1-877-693-5236 | Identity theft: IdentityTheft.gov

Bank/card details: call your bank. Confirm any coverage change before canceling a policy.

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