



### Agent Assignment Confirmation Form

The purpose of the form is to give assignment credit to an agent that assists with enrollment on the Marketplace (Healthcare.gov) or through our website at AveraHealthPlans.com and the proper information was not entered or transmitted correctly.

This form is for new business only and to be completed by the agent. To submit for credit, please complete and provide the required signatures of the applicant (new member) and agent.

Provide the following on the primary applicant:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Date Application was Submitted: \_\_\_\_\_

On Exchange     Off Exchange

Plan Name: **(Please select one.)**

- A. Avera 1500
- B. Avera 2750
- C. Avera 3500
- D. Avera 4200 HDHP
- E. Avera 6000
- F. Avera 6750 HDHP
- G. Avera 8150

**Off Exchange ONLY**

- I. Avera 3000
- J. Avera 5200 HDHP
- K. Avera 6250
- L. Avera 6850 HDHP

**Avera Preferred**

- M. Avera 2750
- N. Avera 3500
- O. Avera 6000

I hereby confirm that I assisted the above named applicant with quoting and enrollment for a qualified health plan on the Health Insurance Marketplace. I acknowledge that I will receive commission for premiums paid.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print agent name: \_\_\_\_\_ NPN # \_\_\_\_\_

I certify the above-named agent assisted me in the application process for the Health Insurance Marketplace and will now be the exclusive agent for my Avera Health Plans individual policy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print applicant name: \_\_\_\_\_

**IMPORTANT:** Please do not submit form to Avera Health Plans until you review your commission statement. Avera Health Plans pays commission on the 15<sup>th</sup> of the month for the previous month for clean submissions that include all required information as well as premium. If you have not been compensated for a sale, this form should be submitted to [sales@averahealthplans.com](mailto:sales@averahealthplans.com). Please note, this does not replace the Agent of Record Change Form.