



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 2800
- D. Avera 3500
- E. Avera 4000
- F. Avera 5500
- G. Avera 6550
- H. Avera 7350

Off Exchange ONLY

- I. Avera 2500
- J. Avera 3000
- K. Avera 5000
- L. Avera 6000

Stanley County ONLY

- M. 2500
- N. 6250

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 15th 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. Please note, this does not replace the Agent of Record Change Form. Questions? Call 1-605-322-4683..