



Agent Commission Confirmation Form

The purpose of the form is to give commission credit to an agent that assists subscribers with enrollment on the Marketplace (Healthcare.gov) or directly through our website at AveraHealthPlans.com, and where there is more than one subscriber, who is not within the same household, but is located at the same physical address.

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.

Applicant(s) Information:

First name: _____ Last name: _____

Street address: _____ Effective date: _____

City: _____ State: _____ ZIP: _____

Marketplace, On-Exchange Direct, Off-Exchange

Member Signature: _____

First name: _____ Last name: _____

Street address: _____ Effective date: _____

City: _____ State: _____ ZIP: _____

Marketplace, On-Exchange Direct, Off-Exchange

Member Signature: _____

First name: _____ Last name: _____

Street address: _____ Effective date: _____

City: _____ State: _____ ZIP: _____

Marketplace, On-Exchange Direct, Off-Exchange

Member Signature: _____

I hereby confirm that I assisted the above named applicants with quoting and enrollment for a qualified health plan. I acknowledge that the above subscribers are not legally able to be on one policy, as they do not fall within the legal description of a household.

Agent signature: _____ Date: _____

Print agent name: _____ NPN #: _____

This form should be emailed to sales@averahealthplans.com.