



Health Insurance Marketplace Enrollment Confirmation Form

HEALTHCARE COOPERATIVE

If you are concerned that your agent information was not captured during the Marketplace enrollment process, please submit this form and we will do everything we can to help. However, please understand that if your NPN is not included in your clients' marketplace applications, your assignment will be removed in our system when there are changes to your clients' coverage. To prevent this from occurring, please make sure your NPN is properly included in Marketplace records.

I. Applicant Information

First and Last Name (Primary Insured/Subscriber)	Member ID Number	Date of Birth	Plan Effective Date
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First and Last Name (Primary Insured/Subscriber)	Member ID Number	Date of Birth	Plan Effective Date

II. Agent Information

Writing Agent's First and Last Name	Tax ID Number	Exchange ID (NPN or License #)
Agency Affiliation (if applicable)		Writing Agent's Telephone Number

I hereby confirm that I helped the above named applicant with quoting and enrollment for a qualified health plan on the Health Insurance Marketplace. Where required by my agreement with Common Ground Healthcare Cooperative, I also acknowledge that I have a copy of the applicant's request that I be assigned as the agent of record.

I understand that if another agent is assigned to the same plan option with an effective date later than the above, Common Ground Healthcare Cooperative cannot assure that I will be the agent of record. I also acknowledge that I will receive commission for premiums paid only after I have completed the Health Insurance Marketplace certification.

Agent Signature X	Date
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Submit completed form by mail, fax or email:

Common Ground Healthcare Cooperative
120 Bishop's Way, Suite 150
Brookfield, WI 53005

FAX: 262-754-9690

EMAIL: sales@commongroundhealthcare.org