

# Health Insurance Marketplace Enrollment Confirmation Form



Minuteman Health (MHI) is making sure that you're reflected as the agent of record on new business enrollments that you worked on through the Health Insurance Marketplace (Marketplace). If you are concerned that your agent information was not captured during the enrollment process, please complete and submit this form. If you fill out this form by hand, please print clearly.

Agent First and Last Name		Agent Tax ID #	Agent Exchange ID (NPN)
Applicant First and Last Name (Primary insured or subscriber)		Applicant Date of Birth	Plan Effective Date
Plan Name		Applicant ID #	
<p>I hereby attest that I assisted the above named applicant with quoting and enrollment for a qualified health plan on the Health Insurance Marketplace. I also acknowledge that I have a copy of the applicant's request that I be assigned as the agent of record and have provided a copy of that document to Minuteman. I understand that if another agent is assigned to the same plan option with an effective date later than the above, Minuteman Health 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 Marketplace certification.</p>			
Agent Signature			Date
X			
Client Signature			Date
X			

**Please fax or email this completed form to:**

<b>Minuteman Health</b>
ericthornberg@minutemanhealth.org
fax: 857-529-6810