

Health Insurance Marketplace Enrollment Confirmation Form



BlueCross BlueShield
of Georgia

Blue Cross and Blue Shield of Georgia (BCBSGa) 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	Tax ID no.	Exchange ID (NPN or license no.)
Applicant first and last name (Primary insured or subscriber)	Applicant date of birth	Plan effective date
Plan name	Exchange confirmation no.	
<p>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 BCBSGa, 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, BCBSGa 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 X	Date	

Please fax or email this completed form to: eastbrokerservices@wellpoint.com
fax: 855-326-6995