Health Insurance Marketplace Agent of Record Confirmation Form



Please check one	☐ Enrollment on Exchange Marketp		☐ Enrollment Off Exchange/Buy Direct through HPHC	
Please use this form to document that you are the agent of record on new Harvard Pilgrim Health Care business enrollments that you worked on through the Health Insurance Marketplace or off exchange/Buy Direct through HPHC. To ensure that HPHC has received the agent assignment information during the enrollment process, please complete and submit this form.				
Agent first and last name		NPN		HPHC Broker ID# (Off Exchange)
Applicant first and last name (Primary insured or subscribe		er) Appli	cant Date of Birth	Plan Effective Date
		/	/	//
Plan Name			Exchange confirmation no.	
also acknowledge that I have a copy of the applicant's request that I is agent is assigned to the same plan option with an effective date later record. I also acknowledge that I will receive commission for premiun and have been credentialed by Harvard Pilgrim. Agent Signature			n the above, HPHC cann	ot assure that I will be the agent of
Please mail or email this completed form to:				
Maine Enrollments		New	New Hampshire Enrollments	
Harvard Pilgrim Health	Care		Harvard Pilgrim Health Care	
Attn: Buy Direct Sales			Attn: Buy Direct Sales	
1600 Crown Colony Drive Quincy, MA 02169			1600 Crown Colony Drive Quincy, MA 02169	
Or email to:			Or email to:	
MEIndividual@harvardpilgrim.org			NHIndividual@harvardpilgrim.org	
Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.				