

**Health Insurance Marketplace**  
**Agent of Record Confirmation Form**

<b>Please check one</b>	<input type="checkbox"/> Enrollment on Exchange Marketplace	<input type="checkbox"/> Enrollment Off Exchange/Buy Direct through HPHC
<p>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. <b>To ensure that HPHC has received the agent assignment information during the enrollment process, please complete and submit this form.</b></p>		
<b>Agent first and last name</b>	<b>NPN</b> _____	<b>HPHC Broker ID# (Off Exchange)</b> _____
<b>Applicant first and last name (Primary insured or subscriber)</b>	<b>Applicant Date of Birth</b> ____/____/____	<b>Plan Effective Date</b> ____/____/____
<b>Plan Name</b>	<b>Exchange confirmation no.</b>	
<p>I hereby confirm that I assisted the above named applicant with quoting and enrollment for a qualified health plan on the Health Insurance Marketplace or with a health plan off exchange/Buy Direct through HPHC. Where required by my agreement with HPHC, 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, HPHC 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 and have been credentialed by Harvard Pilgrim.</p>		
<b>Agent Signature</b>	<b>Date</b> ____/____/____	
<p><b>Please email this completed form to:</b></p>		
<div><p>Harvard Pilgrim Health Care / Point32Health Attn: Sales Operations 1 Wellness Way, Canton, MA 02021</p><p>Email to: <b>Broker_Relations@point32health.org</b></p></div>		
<p>Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.</p>		