



AUTHORIZATION TO DELEGATE AGENT

I hereby authorize Covered California to delegate the agent below on my behalf:

APPLICANT’S FULL NAME (Print): _____

APPLICANT’S LAST 4 DIGITS OF SSN: _____


APPLICANT’S SIGNATURE: _____

CASE ID# (If application already initiated): _____

Certified Insurance Agent – please fill out information highlighted below:

Complete this section if you are a Covered California certified individual helping someone fill out this application.

I certify that as a Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan-Based Enroller, I helped the applicant complete this application and that this service was free of charge. I also certify that I gave true and correct answers to all questions on this application as far as I know. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

<input type="checkbox"/> Certified Enrollment Counselor Name: _____	CEC number
Certified Enrollment Entity Name: _____	CEE number
<input type="checkbox"/> Certified Insurance Agent Name: _____	License number
<input type="checkbox"/> Certified Plan-Based Enroller Plan: _____ Name: _____	Certification number
Certified individual's signature 	Date

The state will not compensate the Covered California Certified Enrollment Entity unless the Certified Enrollment Counselor fills out this section completely and correctly when the application is submitted.

Please email this form to - coveredcaagents@kp.org