



2015 Individual Plan Agent of Record Retroactive Appointment Designation Form

For use between July 1, 2015, to July 31, 2015

The purpose of the Individual Plan Agent of Record Retroactive Appointment Form is to provide notice to a participating insurance company of a MNSure member's/applicant's interest in designating an agent as that member's/applicant's "agent of record" pursuant to Minnesota Statutes, section 62V.051.

It is understood that under this designation.

1. The Agent identified must have a license in good standing with the State of Minnesota, **and** has completed all requirements to be a certified agent with MNSure.
2. The Agent has an active appointment with the insurance company that issued the insured's policy.
3. The appointed Agent will be authorized on the date of signature below, to receive information about the insured and the policy.

The Agent/Broker and member/applicant must fully complete and sign this form. The Agent is to forward a copy to MNSure at the address or email address listed below.

Agent Information

Agent Full Name and Agency _____

National Producer # _____ Carrier Broker ID # (if applicable) _____

Address _____ City _____ State _____ Zip _____

Agent Phone # _____ Email _____

Reason for Sending AOR Designation Form:

Retroactive appointment

MNSure ID # _____ Plan Coverage Effective Date _____

Name of Carrier _____

Applicant Information

Applicant Full Name _____ DOB _____

Applicant Address _____ City _____

State _____ Zip _____ Applicant Phone # _____

I attest that the above named agent has assisted me in the MNSure application and enrollment process as of or prior to the Plan Coverage Effective Date. I understand that the named agent will receive commissions or service fees beginning on the Plan Coverage Effective Date listed above until termination of the policy or until another agent is named in their place, effective upon the next premium cycle.

Applicant Signature _____ Date _____

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Agent Broker Signature

I attest that I was certified with MNsure and appointed by the Carrier named as of the Plan Coverage Effective date listed on this form and therefore authorized to sell on the Exchange.

Agent Signature _____ Date _____

Note to agents: This form has been approved by Carriers offering qualified health plans through MNsure. MNsure related Agent of Record Retroactive Appointments through **July 31, 2015**, must be submitted on this form. Carriers have approved the use of this form for the purpose of identifying Retroactive Agent of Record Designations for MNsure Individual Plan enrollees only. This form does not affect an Agent's Carrier/Broker agreement or terms thereof, nor does it replace any Carrier form for non-MNsure related clients, or terms of compensation.

Please mail the completed form to:

MNsure
81 East 7th St. Suite 300
Saint Paul, MN 55101