



2015-2016 Individual Plan Agent of Record Designation Form

The purpose of the Agent of Record Designation (AOR) 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". 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 carrier 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 the MNSure at the address or fax number listed below.

Agent Information

Agent Full Name

Agency

Agent National Producer #

Address

City

State

Zip Code

Agent Phone #

Email

Applicant Information

Applicant Full Name

DOB

Applicant Address

City

State

Zip Code

Applicant Phone #

Email

Continued on next page

Qualified Medical Plan Details

Consumer enrollment action:

- New Application
- Renewal
- Plan Change
- Other: (please provide reason)

Health Carrier

Plan Name Coverage Effective Date

Qualified Dental Plan Details

Consumer enrollment action:

- New Application
- Renewal
- Plan Change
- Other: (please provide reason)

Dental Carrier

Plan Name Coverage Effective Date

AOR Designation Type

Please indicate below the reason this form is being submitted.

- Initial AOR Designation
- Retroactive AOR Designation
- AOR Designation Change

Signature required on next page

Signatures

Applicant's Signature

I authorize the agent listed on this form to access eligibility and enrollment information about me, provide guidance related to my health insurance coverage, and represent my interests with organizations involved with my health insurance coverage. I understand that the named agent will receive commissions or service fees until termination of the policy or until another agent is named in their place, effective upon the next premium cycle.

Applicant Signature

Date

Providing false information to MNsure is a violation of law and may subject you to criminal and/or civil penalties.

Agent's Signature

I attest that I am certified with MNsure as of the plan coverage date listed for the consumer on this form and therefore authorized to sell and assist the consumer named above on the Marketplace.

I attest that I am certified with the health and/or dental insurance carrier listed above as of the plan coverage date listed for the consumer on this form and therefore authorized to sell and assist the consumer named above on the Marketplace.

Agent Signature

Date

Providing false information to MNsure or using information obtained through the MNsure system for unauthorized purposes is a violation of law and may subject you to criminal and/or civil penalties.

NOTE TO AGENTS: This form has been approved by carriers offering qualified health plans through MNsure. MNsure related agent of record designations must be submitted on this form. Carriers have approved the use of this form for the purpose of identifying agent of record designations for MNsure 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 forward completed form to:

MNsure
81 E 7th Street
Suite 300, St. Paul, MN 55101

Or fax to 651-431-7435.