

# Health Insurance Marketplace Enrollment Confirmation Form



BlueCross BlueShield  
of Georgia

Blue Cross and Blue Shield of Georgia (BCBSGa) is making sure that you're reflected as the Agent of Record on new business enrollments that you worked on through the Health Insurance Marketplace (Marketplace). **If you are concerned that your agent information was not captured during the enrollment process, please complete and submit this form.** If you fill out this form by hand, please print clearly.

Agent first and last name	Writing Agent Tax ID Number (TIN)	Agent exchange ID (NPN)
Agency name (if applicable)	Agency TIN (if applicable)	
Applicant first and last name (Primary insured or subscriber)	Applicant date of birth	Plan effective date
Plan name	HCID/SSN (if available)	
<p>I hereby confirm that I helped the above named applicant with quoting and enrollment for a qualified health plan on the Health Insurance Marketplace. Where required by my agreement with BCBSGa, 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, BCBSGa 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.</p> <p>For ON Exchange business, it is the assuming Agent's responsibility to contact the Exchange in the applicable state to ensure the Agent is assigned as the Agent of Record in the Exchange's system.</p> <p>This enrollment confirmation form will be processed only if the assuming Agent has an active Exchange certification in the applicable state.</p>		
Agent signature <b>X</b>	Date (MM/DD/YYYY)	

Please fax or email this completed form to: [eastbrokerservices@anthem.com](mailto:eastbrokerservices@anthem.com)  
fax: 1-855-326-6995