



**BlueCross BlueShield
of Texas**

**Health Insurance Marketplace
Agent Assignment Confirmation Form**

Please complete the below information if your agent information was not captured during the Health Insurance Marketplace open enrollment process.

Applicant First and Last Name (Primary Insured or subscriber)	SSN of Primary Insured	Applicant Date of Birth	State where policy sold
Date of Application Submission	Enrolled On or Off exchange?	Plan Name	
eApplication Number (if available)	BCBS policy ID (if available)		
Agent / Producer Name	Producer ID	Producer NPN	

I hereby confirm that I assisted the above named applicant with quoting and enrollment for a qualified health plan (QHP) either on the Health Insurance Marketplace or via an off-exchange enrollment for a QHP. I understand that if another agent is already assigned to the above applicant that this request will not be processed. I also acknowledge that I will receive commission for premiums paid only if I have completed the required Marketplace Matters or Marketplace Matters Producer Prep Program, as appropriate, training and certification.	
Agent Signature	Date