



Agent of Record Transmittal Form Covered California – Individual Exchange

Please complete the information below and send this form to _____

via email at _____.

Consumer Information:

Is the Delegation request for multiple consumers? Yes No
(NOTE: If yes, please use page 2 to list multiple consumers)

Consumer Name: _____

Case ID No.: _____

Current Agent Information:

Agent Name: _____

Agent License No: _____

Agent Requesting Delegation:

Agent Name: _____

Agent License No: _____

Agent Phone No.: _____

Agent E-mail Address: _____

Plan Approval Date: _____

