

AGENT OF RECORD CHANGE FORM: INDIVIDUAL/GROUP ENROLLMENTS [ON & OFF MARKETPLACE]



Complete this form to ensure the correct agent is reflected as the Agent of Record (AOR) on new business enrollments ON and OFF the Health Insurance Marketplace. This form must be signed by both the agent and the primary subscriber or group representative.

A. TYPE OF ENROLLMENT

- 1) Check one: INDIVIDUAL GROUP
- 2) Check one: ON MARKETPLACE OFF MARKETPLACE

AOR requests become effective in Alliant's system the month following receipt of this form. (Example: If you submit this form on February 5th, your request will become effective March 1st.)

Note: For ON Market business, you must also contact the Marketplace to make this change. Otherwise, your change will be overwritten in our system when we receive a new file from HealthCare.gov.

B. INDIVIDUAL INFORMATION (For Individual/Family Plans Only)

Individual (Primary Subscriber) First and Last Name		Subscriber ID Number	
Mailing Street Address	City	State	Zip Code
Phone Number	Email Address		

C. GROUP INFORMATION (For Group Plans Only)

Group (Company) Name	Group ID Number	Phone Number	
Mailing Street Address	City	State	Zip Code
Group Contact First and Last Name	Email Address		

D. SIGNATURE

By signing and completing this document, I instruct Alliant Health Plans to change the Agent of Record associated with my policy to the agent listed below. *This designation shall remain in effect until expressly terminated by the primary subscriber or group in writing.*

Primary Subscriber or Group Signature X	Date MM/DD/YYYY
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E. AGENT OF RECORD INFORMATION

Agent First and Last Name (as it appears on HealthCare.gov)	Phone Number
State License Number	National Producer Number (NPN) (ON Marketplace Only)
Agent Social Security Number (SSN) or Parent Tax ID Number (TIN)	Marketplace Confirmation Number (ON Marketplace Only)
Email Address	

I hereby confirm I helped the above named applicant with quoting, enrollment and/or servicing a health plan. Where required by my agreement with Alliant Health Plans, I also acknowledge I have a copy of the applicant's request that I be assigned as the Agent of Record. I understand if another agent is assigned to the same plan option with a later effective date, Alliant Health Plans cannot assure that I will be the Agent of Record.

For ON Marketplace business, I acknowledge it is my responsibility to contact the Marketplace to ensure I am assigned as the Agent of Record in the Marketplace's system. I also acknowledge I will receive commission for premiums paid only if I have an active CMS certification in the applicable state.

Agent Signature X	Date MM/DD/YYYY
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Please send this completed form to: Email: AOR@AlliantPlans.com or Fax: (866) 634-8917

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሰዎ፣ ወይም አርሰዎ የሚገለጹት ሰለ Alliant Health Plans ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በደንብ አርዳኛ ማድረግ የሚችሉ መሆኑን አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي ان و دن م لفت غلب هير و وض ات ام و ل ع مل او د ع مل اى ل ع ل و ح ل ايف ق ح ل الف ي دلف ، Alliant Health Plans م ص ح ب ل ع ن ا ه د ع ل م ن ص ح ش ي دل و ا ل ف ي دل ن ك ن ا م ج ر ت م ع م ث د ح ل ل . ق ل ك ت (800) 811-4793 ب ط ر ت ا

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخ ن لبز هبت اع الط ا و ك ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم رد دل اوس ، نيركي ك ك و اب اش هكويرك لي ، اش رگ ا نوي امن ل ص احس اب . نوي امن ن ف لير دن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).

Non Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

الجنس أو الإعاقة أو السن أو الوطني الأصل يلتزم Alliant Health Plans أو اللون أو العرق أساس على يميز وال بها المعمول الفدرالية المدنية الحقوق بقوانين

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

جنسیت یا ناتوانی سن، ملیتی، اصلیت پوست، رنگ نژاد، اساس بر تبعیضی هیچگونه Alliant Health Plans و کند می تبعیت مربوطه فدرال مدنی حقوق قوانین از شود نمی قابل افراد

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。