

Date of Request: _____



Agent of Record Transmittal Form Covered California – Individual Exchange

Please complete the information below and send this form to _____
[Insert Contact Entity]

via email at _____.
[Insert Email Address]

Consumer Information:

Consumer Name: _____

Covered California System Case No.: _____

Former Agent Information:

Former Agent Name: _____

Former Agent License No: _____

New Agent Information:

New Agent Name: _____

New Agent License No: _____

New Agent Phone No.: _____

New Agent E-mail Address: _____

Effective Date of Change: _____

Consumer Signature: _____

Date: _____