

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:** \_\_\_\_\_