



First and Last Name of Primary Individual

Street Address of Primary Individual

City, State Zip code of Primary Individual

Date: _____

Carrier Name _____
Street Address _____
City, State Zip Code _____

Maryland Health Benefit Exchange
Attn: Producer Operations
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

To Whom It May Concern:

This letter is to notify you that I have appointed (authorized producer's name) _____, address of _____ whose NPN is _____ as my Producer of Record with respect to coverage I obtained through Maryland Health Connection. This letter will allow Maryland Health Benefit Exchange to add this producer as your Producer of Record on your Maryland Health Connection application. This appointment is effective for the policy indicated below on (date) _____.

Maryland Health Connection Website Option:

____ Please check here if you wish to provide access to your online application and personal information contained in your Maryland Health Connection Account to the above-named producer.

Name of Individual:
Medical Carrier:
Medical Carrier Member ID:

Name of Dependents:
Medical Carrier:
Medical Carrier Member ID:

Name of Individual:
Dental Carrier:
Dental Carrier Member ID:

Name of Dependents:
Dental Carrier:
Dental Carrier Member ID:

Signed,

Signature of Individual

Signature of New Appointed Producer