



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 my Producer of Record on my Maryland Health Connection application. This appointment is effective for the policy indicated below on (date) _____.

Maryland Health Connection Account:

Check here to confirm the Tango Process has been completed.

Name of Individual:

Medical Carrier:

Medical Carrier Member ID:

Signed,

Signature of Individual

Signature of New Appointed Producer