



## AUTHORIZATION TO DELEGATE AGENT

I hereby authorize Covered California to delegate the agent below on my behalf:

APPLICANT'S FULL NAME (Print): \_\_\_\_\_

APPLICANT'S LAST 4 DIGITS OF SSN: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

CASE ID# (If application already initiated): \_\_\_\_\_

## Certified Insurance Agent – please fill out information highlighted below:

Complete this section if you are a Covered California certified individual helping someone fill out this application.

I certify that as a Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan-Based Enroller, I helped the applicant complete this application and that this service was free of charge. I also certify that I gave true and correct answers to all questions on this application as far as I know. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

☐ Certified Enrollment Counselor  
Name: \_\_\_\_\_

CEC number

Certified Enrollment Entity  
Name: \_\_\_\_\_

CEE number

☒ Certified Insurance Agent  
Name: **Karim Hemani**

License number

**0F44232**

☐ Certified Plan-Based Enroller      Plan: \_\_\_\_\_  
Name: \_\_\_\_\_

Certification number

Certified individual's signature



Date

*The state will not compensate the Covered California Certified Enrollment Entity unless the Certified Enrollment Counselor fills out this section completely and correctly when the application is submitted.*

## AUTHORIZATION TO DELEGATE AGENT FORM INSTRUCTIONS

Please use the name of the primary contact that is listed on your Covered California application along with the case number associated with that name. This information can be found on any documentation you may have received from Covered California.

Please submit the completed Authorization to Delegate Agent form by using one of the following methods:

1. Fax: (877) 244-4830
2. You may also scan the form or take a legible picture of it and send to us by email or text:

Email: [Help@CoverHealthCA.com](mailto:Help@CoverHealthCA.com)

Text: (818) 350-2675