

PLEASE READ CAREFULLY

*If broker/agent identification was **not** included during a client's application for QualChoice coverage the client or broker/agent must submit this form for commission to be paid.*

This form is to be completed by the applicant and the **duly licensed** and **appointed** broker/agent whenever a broker/agent is involved in the selection of one of the following:

- Private Option Plan (Medicaid Expansion)
- Metallic Plan on the Marketplace Exchange

The broker/agent (*listed in Section II*) will be considered the **agent of record** for the Applicant (*listed in Section I*) and will receive any applicable commissions when individual coverage is purchased.

Section I. Applicant Information			
Name of Applicant (<i>Last, First, MI</i>)	Social Security No.		
Street Address (P.O. Box not acceptable)	City	State	Zip
Signature of Applicant X		Date Signed (MM/DD/YYYY)	

Section II. Broker/Agent Information		
Name of Broker/Agent (<i>Last, First, MI</i>)		Arkansas State License No.
National Producer No. (NPN)	Federally-facilitated Exchange (FFE) User ID No.	Social Security No. or Federal Tax ID No.
Office Phone	Cell Phone	
Email Address		
Signature of Broker/Agent X		Date Signed (MM/DD/YYYY)

Questions	Email	Fax
Accounting Department 501.228.7111 or 800.235.7111	qca_enrollment@qualchoice.com	Enrollment Department 501.707.6805