

Affordable Care Supplement

To be completed in respect of Health Insurance only

1. Does your Agency place or intend to place any Health insurance in the next 12 months?

Yes/No

If no, none of the following questions are relevant to your Agency, so just sign and date this supplement after question 12.
If yes, complete questions 2-11

2. What was your total commission for the last 12 months

\$.....

3. What was your total premium volume for the last 12 months

\$.....

4. What was the split over the last 12 months:

Group Health PV	\$.....	Number of policies written.....
Individual Policies PV	\$.....	Number of policies written.....

5. What percentage of you business for the next 12 months do you anticipate placing with:

Federal or State Exchange(s)/Marketplace(s).....	%
Open Market Insurers%

6. Would you allow any member of your staff to act as a navigator?

Yes/No

If Yes provide full details

7. List your open Market Insurers:

Insurer	#of plans available
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8. Are all staff members who service your clients licensed by the DOI?

Yes/No

If No provide full details

9. Do you have a specialist(s) in your Agency who only places health insurance? **Yes/No**

If yes, provide the following information:

Name of individual

Professional Designation

Number of hours education received concerning ACA in the last 12 months.....

Identity of the professional body providing education.....

Is this person(s) certified by CMS? **Yes/No**

Have they registered as an Agent/Broker with the ACA Health Insurance Marketplaces through the CMS enterprise portal (CMS.gov)?
Yes/No

Number of years experience in the field of Health Insurance.....

(use additional sheets where necessary)

10. Do you accept Business from sub-producers **Yes/No**

11. When your Insureds receive notice of non renewal is your procedure for replacement coverage any different if the non renewal notice is because of the ACA? **Yes/No**

If yes provide full details

12. Do you provide ANY financial advice concerning the exchange/marketplace vs the open market? **Yes/No**

If Yes provide full details

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Name of Applicant **Title (Owner Partner etc)**

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Signature of Applicant **Date**

