



INDIVIDUAL ENROLLMENT ATTESTATION BROKER APPOINTMENT

independenthealth.com

Please clearly **PRINT** all information.

INDIVIDUAL INFORMATION

New to Individual Market: Yes / No

Effective Date: _____
MM/DD/YYYY

Name

Address

()

Phone

Email

INDIVIDUAL ATTESTATION

The following broker assisted me with my enrollment in Independent Health's Individual plan. This designation of Broker Appointment will remain in effect until I notify Independent Health in writing to the contrary. This designation revokes any previous designation of a Broker Appointment with Independent Health.

Member Signature

Date MM/DD/YYYY

BROKER/AGENT INFORMATION

Producer Name

Broker Firm Name

Please email completed form to: Sales.Administration@independenthealth.com

Please mail completed form to: Independent Health, Attn: Sales Administration, 300 Essjay Rd., Buffalo, NY 14221