



EN-003-03

V1.0

Small Business Marketplace WORKSHEET A

NAME

Assistance with Completing this Application or Addendum

You can choose an authorized representative.

This trusted person would be given permission to talk about this application/addendum with us, see your information, and act for you on matters related to this application/addendum, including getting information about your application/addendum and signing your application/addendum on your behalf. This person is called an "authorized representative" and takes legal responsibility for the information provided in this application/addendum. If you ever need to change your authorized representative, contact Connect for Health Colorado.

1. Name of authorized representative (First name, Middle name, Last name, & Suffix)

2. Address

3. Apartment or suite number

4. City

5. State

6. ZIP code

7. Phone number

Ext. _____

Phone Type: Cell Home Work

8. Email address

9. Company/Organization name (if applicable)

10. Company/Organization ID number (if applicable)

By signing, you allow this person to sign your application/addendum, get official information about this application/addendum, and act for you on all future matters with this agency.

11. Your signature

12. Date (mm/dd/yyyy)

I, the authorized representative, would like to submit proof of a legal reason that THIS APPLICANT cannot represent themselves. (Please provide a copy of one of the following documents with this application/addendum when it is submitted: a power of attorney, court order establishing legal guardianship, or other legal document explicitly stating that you may legally act on behalf of the customer.)

Assistance from certified application counselors, health coverage guides, agents, and brokers other. Complete this section if a certified application counselor, health coverage guide, agent, or broker filled out or helped you fill out this application/addendum.

1. Application/addendum start date (mm/dd/yyyy)

2. Select one: counselor health coverage guide agent/broker

3. First name, Middle name, Last name, & Suffix

4. ID number (Guide ID or state license number, as applicable)



NEED HELP WITH YOUR APPLICATION/ADDENDUM? See our contact information on the application/addendum.