

Agent Appointment Checklist

Please return completed documents:

By Email: CCHP-BrokerSupport@chw.org | By Fax: 414-266-1611

Agent Information

Full Name (First, Last):

Appointing General Agent / Agency Name:

Please contact the Together with CCHP sales team at 1-844-459-6648 for the contact information to choose a General Agent.

Document Checklist

Agent Appointment Form

A copy of your Individual Marketplace Certificate of Completion (if you will be selling on the Exchange)

A copy of your Errors and Omissions Certificate of Liability Insurance

A copy of your Wisconsin Health Insurance License

Signature Page – Business Associate Agreement

Review and Sign the Broker Agreement

Internal Use Only:

Received By (First, Last):

Appointment Effective Date:

Sent Request for missing information to:

Received Date:

Date (If applicable):