

Covered California for Small Business (CCSB)

Small Business Group: Request to Change Agent of Record

This form is intended for employers currently enrolled in CCSB who request to change their Agent of Record (AOR) to a new Insurance Agent with CCSB. The employer must complete the form in its entirety. Once finished, please email the completed form to ccsbeligibility@covered.ca.gov.

Employer Name: _____

Employer Address: _____

Group Number: _____

Agent Name (Required): _____ **Agent License Number (Required):** _____

Agency Name: _____ **Agency License Number/Tax ID#:** _____

The Owner or Authorized Company Officer of the Group attest the following:

- I certify that I want to change my Agent of Record as listed above. I understand that I can terminate my relationship with the delegated agent at any time by contacting Covered California for Small Business at (855) 777-6782, or by processing the request in the MyCCSB.com employer account.

- I understand that I grant permission to my agent to access my group enrollment portal and online account information. Furthermore, I understand that the agent's agency may delegate a new Agent of Record within the agency in the future. However, the group retains the ability to change their Agent of Record at any time, should they choose to do so.

- Completing this form formalizes the Agent of Record assignment until CCSB receives notification of a change. This form shall not be completed by an agent.

Please note: Upon completion of the change of Agent of Record process, the new agent will be granted access to the group's account details on the portal. Commission payments to the Agent of Record will begin on the first day of the month following receipt and processing of this request.

Signature of Business Owner/Authorized Company Officer Date

Print Business Owner/Authorized Company Officer Date

For any questions or if you need assistance, contact the Covered California for Small Business Agent Service Center at **(855) 777-6782**.