



FOR **SMALL
BUSINESS**

Date of Request: _____

Agent/Agency Entity Update – Profile Conversion
Covered California for Small Business

To be used when Agent/Agency payee FEIN Tax ID changes with the same writing agent. This form is to be completed immediately after you receive notification that your agreement has been completed from DocuSign.

Please complete the information below and send this form to:
Agents@covered.ca.gov

Current Payee Information:

Paid to: Agency or Agent

Agent Name: _____ Agent License #: _____

Agency Name *(if applicable)*: _____

Mailing Address: _____

Agent or Agency Tax ID No: _____

Agent E-mail Address: _____

New Payee Information:

Pay to: Agency or Agent

Agent Name: _____ Agent License #: _____

Agency Name *(if applicable)*: _____

Mailing Address: _____

Agent or Agency Tax ID No: _____

Agent E-mail Address: _____

Agency Manager (Print Name): _____

Agency Manager Signature: _____

Date