

**2018 Enrollment Affiliate Site Application**

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| **AFFILIATE SITE PRIMARY CONTACT/RESPONSIBLE PARTY** | |
| Organization/business name |  |
| Primary contact |  |
| Address |  |
| Phone number |  |
| Email address |  |
| WA UBI Number |  |
| Exceptions to Sample Agreement  Yes  No | Attach to this application any exceptions to the Sample Agreement. Identify each exception by the section number provided in the sample agreement and provide the specific language you take exception to. Affiliate must also include proposed alternate language for any exceptions. |

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| **Section 1: ORGANIZATION EXPERIENCE AND CAPACITY** | | | | | | |
| How long has the company been in business? | | | | |  | |
| Is more than 50% of the organization’s work in health insurance? | | | | | Yes  No | |
| Total number of current QHP enrollees (2017) | | | | |  | |
| Approximately what portion of your clientele are Exchange enrollees? | | | | |  | |
| 2018 QHP enrollment goal | | | | |  | |
| Provide the following information for all brokers who will assist customers under an Affiliate Agreement | | | | | | |
| Name | Year licensed | Number of years registered with HBE | Number of current QHP enrollees (2017) | Identify carrier appointments | | Language(s) spoken (other than English) |
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| **Section 2: 2018 QHP BUSINESS PLAN** | | |
| What is the vision or mission for your company? | | |
| What is the plan (strategies, activities, objectives) for achieving your company’s QHP enrollment goal for 2018? | | |
| How will you use your Affiliate reimbursement (up to $5,000) to support your QHP enrollment goal? | | |
| Amount | Strategy/Activity | |
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|  |  | |
| Scheduled hours during open enrollment (list opening and closing time for each week day) | | |
| Monday | |  |
| Tuesday | |  |
| Wednesday | |  |
| Thursday | |  |
| Friday | |  |
| Saturday | |  |
| Sunday | |  |
| Walk-ins | | Yes  No |
| Appointments | | Yes  No |
| Evening or weekend appointments | | Yes  No |
| Will you or your company charge a fee to customers for application and enrollment assistance? Yes  No | | |
| If charging a fee, please provide rates: | | |

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| **Section 3. AFFILIATE BUSINESS LOCATION** | |
| Physical address of site where customer services are delivered (street address, city, and zip code) | |
| Describe the immediate surroundings of this site, i.e., businesses nearest the site, distance from public transportation, visibility from the main road, or other features that make this a good location for an affiliate site: | |
| Is the building shared with other businesses? | Yes  No |
| How will you affix or display internal and external Healthplanfinder signage at this site for the greatest visibility? | |

Include in your application packet:

* Affiliate application
* Photos of building exterior and interior, including photos of building from the main road, building entrance, office entrance, reception area, and interior offices.