



# INDIVIDUAL ENROLLMENT ATTESTATION BROKER APPOINTMENT

independenthealth.com

Please clearly **PRINT** all information.

## INDIVIDUAL INFORMATION

New to Individual Market: **Yes / No**

**Effective Date:** \_\_\_\_\_  
MM/DD/YYYY

**Name**

**Address**

( )

**Phone**

**Email**

## INDIVIDUAL ATTESTATION

The following broker assisted me with my enrollment in Independent Health's Individual plan. This designation of Broker Appointment will remain in effect until I notify Independent Health in writing to the contrary. This designation revokes any previous designation of a Broker Appointment with Independent Health.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

MM/DD/YYYY

## BROKER/AGENT INFORMATION

\_\_\_\_\_  
Producer Name

**Small Business Services of WNY, LLC**

\_\_\_\_\_  
Broker Firm Name

Please email completed form to: **benefits@amherst.org**

Please mail completed form to: **400 Essjay Rd Ste 150, Williamsville, NY 14221**

*Independent Health may be paying a broker commission associated with the sale of this contract. Typical broker commission is approximately \$25 per contract per month.*