## **Community Health Choice Required Appointment Approval Documents Checklist**

To ensure timely appointment approval, please review and update checklist to submit form including all required documents.

| New Sub-Agent |   |
|---------------|---|
|               | Copy of CMS Certificate   |
|               | Broker Training Online Quiz   |
|               | Copy of TDI License   |
|               | E&O Insurance   |
|               | Agency Application  |
|               | Attestation Form  |
| Retur         | ning Agent  |
|               | Copy of CMS Certificate   |
|               | Broker Training Online Quiz   |
|               | Independent Agent/Agency Attestation Form                                 |
|               | If update is required: TDI/E&O/W9   |
|               |   |
|               |   |
| Agen          | t/Agency Name:  |
| Agen          | t/Agency NPN-TIN: Off- Exchange Only (Will Not Sell Marketplace products) |
| Date:         |   |