



Insure Oklahoma
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Insure Oklahoma – Agent of Record

Date: _____

Employer Name: _____

E# _____ FEIN# _____

To Whom It May Concern:

Effective immediately I, _____, hereby appoint the insurance (Agency/Agent): _____, as my Agent of Record pertaining to the Insure Oklahoma program. This agent/agency is authorized to act on my behalf with Insure Oklahoma. This includes my express authorization that you may provide my Agent with any information associated with my policy.

My Agent's information is as follows:

Name: _____

OID # _____

Address: _____

City, State, Zip code: _____

Phone #: _____ FAX#: _____

Email: _____

Sincerely,

Business Owner/Manager (Signature)

Print Name: _____