



Insure Oklahoma/O-EPIC
Oklahoma Health Care Authority
4545 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/O-EPIC. 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: _____

Phone #: _____ FAX#: _____

Email: _____

Sincerely,

Business Owner/Manager (Signature)

Print Name: _____