



Empower Express ACA Engine Registration

Agent Name

Agent Phone

Agent Email

Licensed State(s)

Agent NPN

Agent FFM USER ID (case sensitive)

Agent FFM Password (case sensitive)

Do you have active E&O insurance? Y N

***Please checkmark the carriers you have through Empower Brokerage. Enter your writing number or PENDING, if you've already requested appointment through Empower Brokerage.**

- | | |
|-----------------------|-----------------------|
| Ambetter | Medica |
| Anthem BCBS | Molina |
| BCBS (TX,NM,OK,IL,MT) | Oscar |
| Christus | Baylor, Scott & White |

IMPORTANT

Send this completed and signed/esigned form, along with the following to jhess@empowerbrokerage.com:

Copy of state license(s)

Copy of your 2018 ACA Certificate

Copy of your E&O Insurance

By signing below, I agree to use the Empower Rapid ACA program for clients and applications going through Empower contracted carriers ONLY. A violation of this may cause termination of your access.

Agent Signature

Date



EMPOWER BROKERAGE INC.

Automatic Credit Card Payment Authorization Agreement

For: Empower Express ACA Engine Payments

Complete the areas below. The designated account must be in the same name of the agent.

***Your account statements will show the charges from (Lone Star Select)**

Credit Card Information

Agent Name	<input type="text"/>
Address, city, state, zip	<input type="text"/>
Phone	<input type="text"/>
Credit Card #	<input type="text"/>
Card Type (AMEX.; MC.; VISA)	<input type="text"/> Expiration Date: <input type="text"/>

I authorize Empower Brokerage, Inc. to initiate an electronic funds transfer or credit card payment from my account indicated above from the Financial Institution/Credit Card named above and I authorize my Financial Institution/Credit Card to honor the withdrawal initiated by Empower Brokerage, Inc. This authority pertains to my processing of ACA client applications through the Empower Express ACA Engine according to usage. See the *qualifying application fee schedule for the Empower Express ACA Engine: Written through Empower Brokerage contracted carriers: 1-9 applications (\$3/app), 10+ ACA applications (free of charge). Once 10-ACA apps are written in a month, there will be no further charges during that month, and no charges will be made the following month. Falling below 10-ACA apps will restart application fees the following month.

*Qualifying applications are on-exchange only and through Empower carrier relationships. Off exchange and non-Empower carrier applications may be written at a fee of \$10 per application and do not count towards the fee schedule above.

I understand this authority is to remain in effect until the EFT/Credit Card payment is canceled in writing by me, Empower Brokerage, Inc. or the Financial Institution/Credit Card Company.

I AGREE TO ABIDE BY THESE RULES.

AGENT INITIALS _____

TERMS AND CONDITIONS

On or after the client application date, for applications sent through ACA Express by the agent listed above, your payment will be deducted from your designated account. If your payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the name of the agent.

If any payment is returned unpaid by your Financial Institution for any reason, we will charge and you agree to pay us a returned check fee. We may change the amount of this fee from time to time. If any payment is returned/declined for any reason, Empower Brokerage will make reasonable attempt to obtain payment from the agent. If a balance remains without agent bringing their balance current, they will forfeit their ACA Express account and may incur other collection fees.

Authorized Signature <input checked="" type="checkbox"/>	<input type="text"/>	Date: <input type="text"/>
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