

**COMMUNITY HEALTH CHOICE, INC.
BROKER CERTIFICATION**

Community Health Choice, Inc. (“Community”), is a not-for-profit corporation, organized in the State of Texas, and licensed as a Health Maintenance Organization “(HMO)”. Community offers several health plans to residents of the State of Texas, including but not limited to health plans offered through the Federal Health Insurance Marketplace.

Community requires licensed brokers who are appointed to sell health plans offered by Community to complete annual training on the health plans offered by Community and the rates applicable to each plan and level of coverage. In addition, Community requires brokers to warrant and represent that they are duly licensed in the State of Texas to sell health plans, that their licenses are in good standing, and that they will comply with all applicable federal and state laws, as well as Community’s requirements, related to the sale of its health benefit products.

As a condition to his or her appointment as an agent authorized to sell Community’s health plans, the undersigned certifies and warrants to Community Health Choice that the following representations are true and correct. The undersigned understands and acknowledges that Community will rely on these representations in appointing him or her as an agent authorized to sell health benefit products offered by Community, and that Community would not appoint the undersigned as an authorized agent without such certifications and warranties.

If the undersigned becomes aware of or obtains information that causes any representation below to be untrue, inaccurate or incomplete after the date of this Certification, the undersigned shall notify Community promptly in writing at 2636 South Loop West, Ste. 125 Houston, TX 77054.

CERTIFICATION

I, _____, hereby certify, warrant and represent to Community as follows:

(Must check each statement.)

_____	1. I hereby warrant and represent that I am an insurance agent licensed in the State of Texas to sell the health plans offered by Community, and that said license is in good standing and in full force and effect
_____	2. I hereby warrant and represent that I have completed Community’s training for agents for the 2024 plan year, and have a full understanding of the health benefit plans offered by Community for the 2024 plan year and the rates applicable to each plan and level of coverage.
_____	3. I hereby warrant and represent that I am aware of and have received training related to federal and state laws applicable to the sale of Community’s health benefit plans and will comply with such federal and state laws.

_____	4. I hereby warrant and represent that I have received information on and have fully reviewed Community's requirements related to the sale of its health plans and will fully comply with such requirements.
_____	5. I hereby acknowledge that Community is relying on the warranties and representations that I am providing in this Certification and understand and agree that Community would not appoint me as a broker authorized to sell its health plans without the warranties and representations that I have made in this Certification.
_____	6. I hereby agree to provide this Certification electronically and warrant and represent to Community that I intend my electronic signature on this Certification to have the same force and effect of an original signature. I understand and agree that Community will rely on my electronic signature as such.

Name of Agent/Broker:

Agent/Broker Address:

Texas Department of Insurance (TDI) License No.: _____

Expiration Date of TDI License: _____

Agent/Broker NPN: _____

Community Training for 2024 Plan Year completed on: _____

IN WITNESS WHEREOF, I have executed this Certificate for the purposes herein stated, this ____ day of _____, 20____.

Signature

Printed Name