

Appendix A: Data Elements for Agent/Broker Registration to Support Individual and Small Business Health Options Program Employer/Employee Enrollment in Qualified Health Plans through the Federally Facilitated Exchange

Baseline Agent/Broker Registrant Information	Additional/Optional Information	Verification
Personal Identifying Information – name, date of birth		Personal Identifying Information – electronic signature
Contact Information – email address, phone number(s), business mailing address	Contact Information – home mailing address, fax number(s)	
Professional Information – company name, national producer number (NPN)		
Market Type Selection – individual and/or small business health options program (SHOP) market		