



## 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#:

\_\_\_\_\_



### ADDRESS

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



### WEBSITES

oklahoma.gov/ohca  
mysoonerare.org



### PHONE

Admin: 405-522-7300  
Helpline: 888-365-3742

The logo for Insure Oklahoma features a stylized orange arrow pointing right, followed by the word "Insure" in a bold, orange, sans-serif font, and "Oklahoma" in a lighter orange, sans-serif font.

Email:

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Sincerely,

Business Owner/Manager (Signature:

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Print Name: \_\_\_\_\_



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