



Individual Submission Form

Agent Name _____ Commission Split% _____

Agent Name _____ Commission Split% _____

Policy Holder Name _____

Social Security # _____

DOB _____

Address _____

Plan Sold _____

Effective Date _____

Of People on Policy _____

Premium _____ Subsidy Amount _____

On Exchange (app# _____) / Off Exchange (Circle One)

Method of Submission (Circle One) – Direct to Carrier, FFM, PENNIE,
GetCoveredNJ

Additional Comments:

