



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
mysooner care.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767

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

Email:

Sincerely,

Business Owner/Manager (Signature:

Print Name: _____



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