

LOUISIANA DEPARTMENT OF INSURANCE

Application to Register as a Non-Navigator*

PO Box 94214
Baton Rouge, LA 70804

① Name		② SSN or FEIN		③ HHS Certification #	
④ Business Address (Physical Street)			⑤ City	⑥ State	⑦ Zip Code
⑧ Business Phone Number	⑨ Business Fax Number	⑩ Business E-Mail Address		⑪ Business Web Site Address	
⑫ Applicant's Mailing Address		⑬ P.O. Box	⑭ City	⑮ State	⑯ Zip Code

Designated/Responsible Individual

- ⑰ If registrant is a business entity, identify at least one Designated/Responsible Individual responsible for the entity's compliance. If registrant is an individual, identify the employing entity.

Name _____

Applicants Certification and Attestation

- ⑱ The Applicant acknowledges that it has read the following and executes this Applicants Certification and Attestation:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true, correct and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for revocation or denial of the registration and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner of Insurance of Louisiana to be my agent for service of process regarding all insurance matters in Louisiana and agree that service upon the Commissioner of Insurance of Louisiana is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance of Louisiana to verify information with any federal, state or local government agency.
4. I authorize the Louisiana Department of Insurance to give any information concerning me to any federal, state or municipal agency, or any other organization and I release the Louisiana Department of Insurance and any employee, agent, representative or person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and will comply with the insurance laws and regulations of Louisiana.
6. I understand that this registration is valid for the duration of my or the entity's certification or designation as a non-navigator. I certify that any loss, revocation, alteration or suspension of such certification or designation shall be reported immediately to the Louisiana Department of Insurance.

Original Signature

Full Legal Name (Printed or Typed)

Month/Day/Year

Attachments

- *Non-navigator personnel" means any individual or entity that facilitates enrollment of individuals or employers in a health benefit plan or public insurance program offered through an exchange and is certified, designated, or reasonably described as an in-person assister, enrollment assister, application counselor, or application assister.
- Attach proof of all training completed for certification through the exchange.