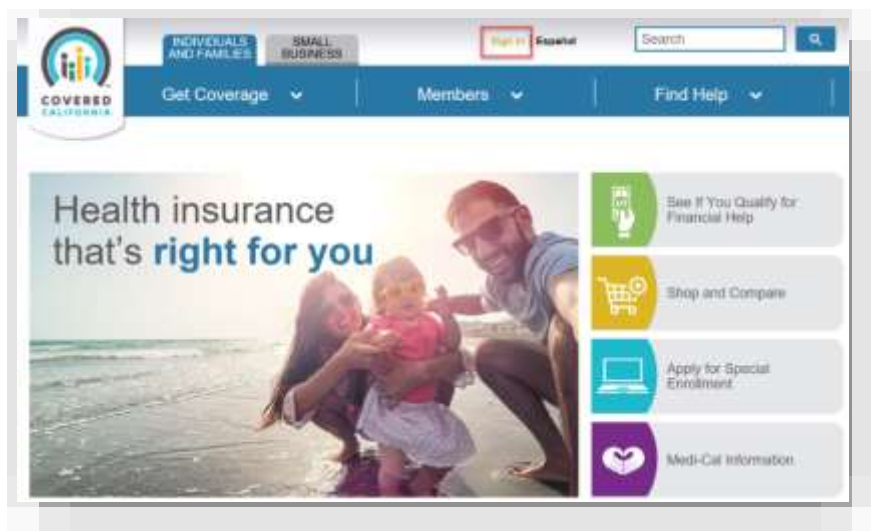


Covered California consumers can choose to delegate a Certified Enroller through their [CalHEERS account](#) to assist them with the application and enrollment process. Consumers can follow the steps below to assist them with the delegation process.

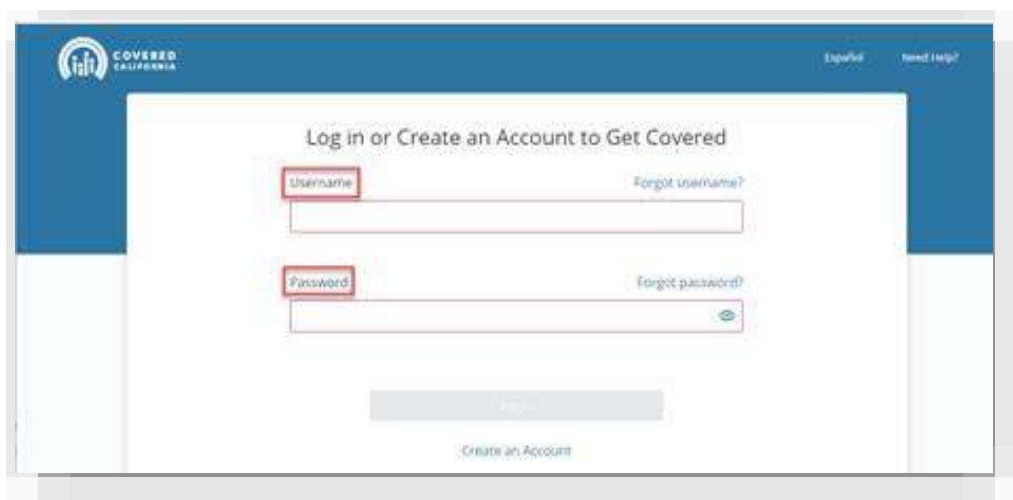
**Note:** The term “[Certified Enroller](#)” refers to Certified Insurance Agents, Certified Enrollment Counselors, and Certified Application Counselors. All Certified Enrollers are Certified with Covered California to assist consumers.

## Delegate a Certified Enroller

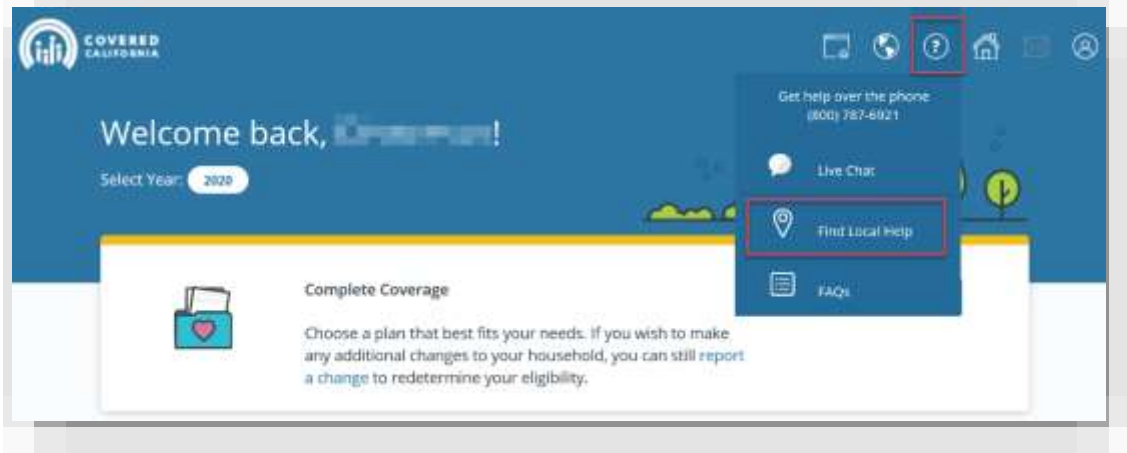
1. Login to your Covered California account by selecting “**Sign In**” from the [www.coveredca.com](http://www.coveredca.com) homepage.



2. Enter your “**Username**” and “**Password**” to access your Consumer homepage.



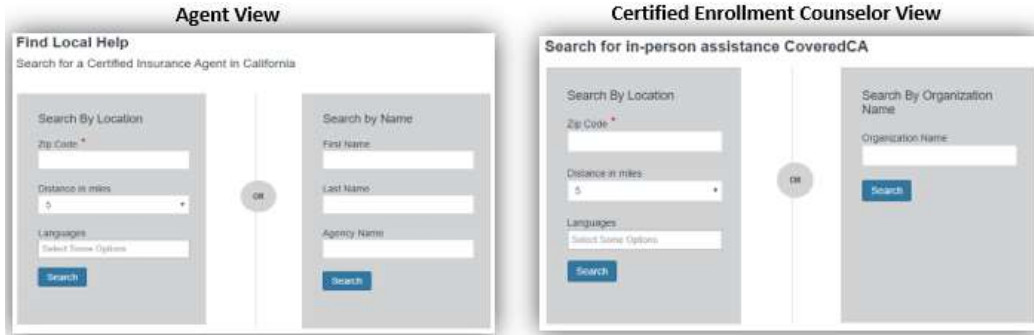
- From the consumer homepage, select the  dropdown option, to select **“Find Local Help”**.



- In the next window, select either **“Find an Agent”** or **“Find Certified Enrollment Counselor”** to search for a Certified Enroller.



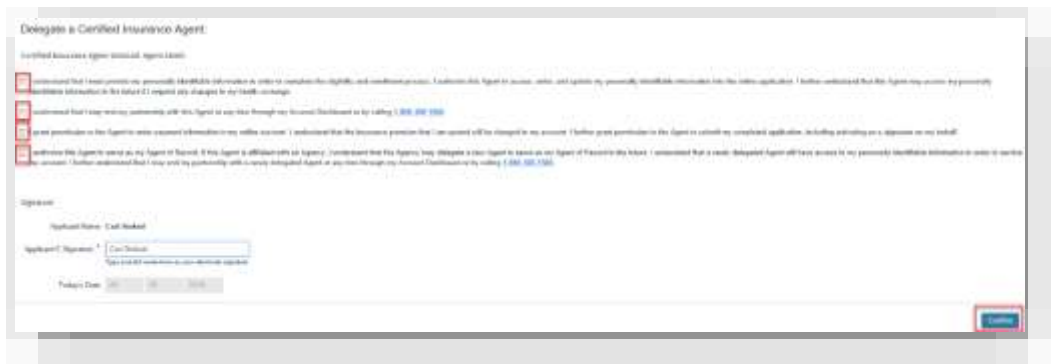
- All Certified Enrollers can be searched by ZIP code and language(s) spoken. Certified Insurance Agents can be searched by their name or their Agency's name. Certified Enrollment Counselors can be searched by their Organization's name.



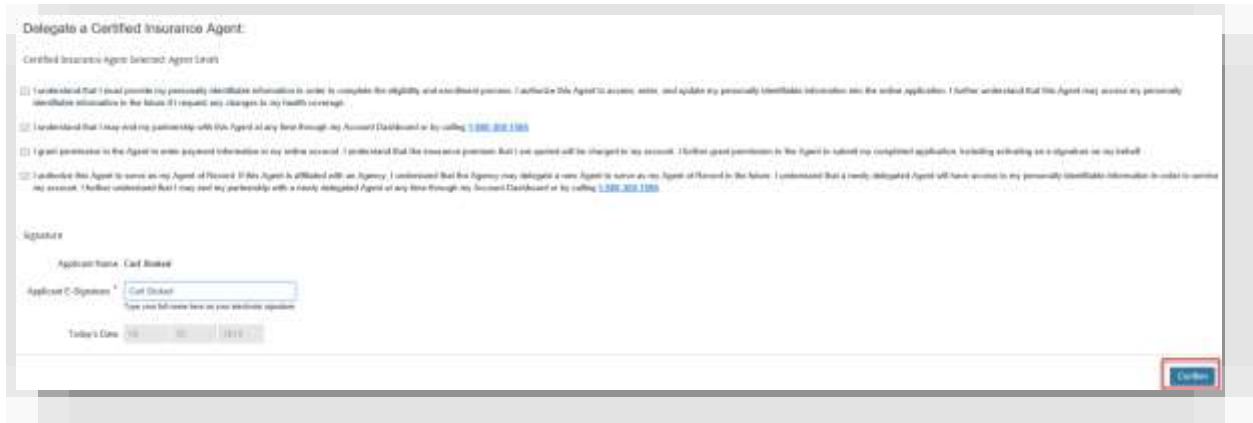
- From the results page, click on the name of the Certified Enroller to view their details.
- If you wish to delegate a Certified Enroller, click “Select” to add the Agent or Certified Enrollment Counselor to continue the delegation process.



- Before delegating a Certified Enroller, you must read each attestation statement and select each box to acknowledge the statement was reviewed and accepted.



- An **E-Signature** is required to delegate the Certified Enroller. Type your full legal name in the **“Applicant E-Signature”** box.
- Next, select **“Confirm”** and a congratulation message pops up to acknowledge the Certified Enroller was successfully delegated.



**Delegate a Certified Insurance Agent:**

Certified Insurance Agent Selected: Agent Sarah

I understand that I must provide my personally identifiable information in order to complete the eligibility and enrollment process. I authorize this Agent to access, enter, and update my personally identifiable information into the online application. I further understand that this Agent may access my personally identifiable information in the future if I request any changes to my health coverage.

I understand that I may end my partnership with this Agent at any time through my Account Dashboard or by calling 1.800.808.1385.

I grant permission to the Agent to enter payment information to my online account. I understand that the coverage premium that I get quoted will be charged to my account. I further grant permission to the Agent to submit my completed application, including anything in a signature on my behalf.

I authorize this Agent to serve as my Agent of Record. If this Agent is affiliated with an Agency, I understand that this Agency may delegate a new Agent to serve as my Agent of Record in the future. I understand that a newly delegated Agent will have access to my personally identifiable information in order to service my account. I further understand that I may end my partnership with a newly delegated Agent at any time through my Account Dashboard or by calling 1.800.808.1385.

Signature

Applicant Name: **Carl Bunker**

Applicant E-Signature:

Today's Date:

**Confirm**

- Lastly, a delegation request is sent to the Certified Enroller. He or she must accept the delegation on their **“Pending Delegations”** page in the CalHEERS Portal to obtain access to your application.