



File # _____

AUTHORIZATION TO DELEGATE AGENT

委托代理人授权书

我 _____ 授權亞裔社區中心及保險服務作為我全民健保的保險代理人。我明白若要解除代理權，必須以書面形式通知。我同意亞裔社區中心協助本人更改任何資料，包括代為改回被無故修改的代理權。

I, _____ authorize and delegate my Covered California case to Apac Service Center and Insurance Services as my Covered California insurance agent. I understand I am required to inform Apac Service Center in writing if I wish to delegate my case to another agent. Apac Service Center is authorized to help me adjust any changes on the application, which includes the rights to re-delegate my case back to Apac Service Center if written request has not been received and case has been delegated elsewhere.

APPLICANT'S FULL NAME (Print): _____

申请人的全名: _____

APPLICANT'S LAST 4 DIGITS OF SSN: _____

申请人 SSN 的最后 4 位数字: _____

CASE ID# (If application already initiated): _____

APPLICANT'S SIGNATURE: _____

申请人签名: _____

DATE: _____

日期: _____