

Broker Portal Acknowledgement

I hereby acknowledge and agree that I am a licensed broker in the State of Georgia authorized to perform any and all activities related the procuring, maintenance and management of health insurance coverage for the members that I represent. I am acting as the actual and apparent agent and attorney-in-fact for the members that I represent. I also hereby confirm and acknowledge that I maintain a written arrangement with the individual members wherein I am authorized to access, use and disclose the individual members' protected health information and to obtain, modify and establish insurance coverage on behalf of the member. I agree and acknowledge that any and all written documentation to support the actions that I take on behalf of the members shall be maintained by me and accessible to Alliant Health Plans immediately upon request. Alliant Health Plans can rely upon my representation that I am the agent for the member and I agree to only access, use or disclose information of the members that I represent. By access to this portal, I hereby agree to and expressly acknowledge the representations and warranties above and the terms and conditions of the Broker Agreement and the End User License Agreement applicable to the Portal, incorporated herein by reference.