

NEBRASKA DEPARTMENT OF INSURANCE

**APPLICATION FOR REGISTRATION TO TRANSACT BUSINESS
AS AN ENTITY NAVIGATOR**

Pursuant to Neb.Rev.Stat. §44-8804

Name of Applicant: _____

Federal Identification Number: _____ **Date Incorporated:** _____

Principle Business Address: _____
Street Address

City State Zip Code Phone

Mailing Address: _____
Street Address

City State Zip Code Phone

Submitter's Name: _____ **Email Address:** _____

Please submit with the registration a list of all individual navigators that this entity employs, supervises, or is affiliated with.

Please also include a check in the amount of \$50.00 in payment of the application fee.

I DECLARE IN THE APPLICATION UNDER PENALTY OR REFUSAL, SUSPENSION, OR REVOCATION OF THE REGISTRATION THAT THE STATEMENTS MADE IN THE APPLICATION ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Article 88 – Health Insurance Exchange Navigator Registration Act:
<http://nebraskalegislature.gov/laws/statutes.php?statute=44-8801>

NEBRASKA DEPARTMENT OF INSURANCE
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