



How to designate Total Benefit Solutions, Inc in Pennie

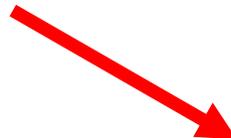
The same process applies in GetCovered NJ

Log in to Pennie
.com, when in
your account
click My
Application

Welcome, Mist...

My Stuff

- My Dashboard
- My Applications**
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences



2021

You have 63 days to enroll before the open enrollment period ends on 01/15/2021. If you are reporting a change to your current year's enrollment, please visit [healthcare.gov](https://www.healthcare.gov)

Next Steps

You have successfully enrolled in health plans. If you'd like to enroll in Dental Plans, please click on the 'Continue Shopping' button below.

Continue Shopping

Overview

Now top right corner click on the "Your agent" gear. If you have a previous agent their information will be there. Click on De-Designate Agent



Pennie will confirm that this is what you want to do

Are you sure you don't want Christopher Leahan to assist you further? x

Click Confirm to de-designate Christopher Leahan

Cancel

Confirm

Next go to your menu bar on the left and click "find local assistance"

My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
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Quick Links

Find Local Assistance

Find Local Assistance

Find Local Assistance at No Cost to You



Agents and brokers are licensed by Pennsylvania's Department of Insurance and have completed additional training to become certified with Pennie. Only an agent or broker can make specific recommendations about which plan you should buy. Note that some agents and brokers may only be able to sell plans from specific health insurance companies.

FIND A PENNSYLVANIA CERTIFIED AGENT OR BROKER NEAR YOU



Pennie Assisters belong to Enrollment Entities, which include hospitals and not-for-profit organizations from around the state that have been trained by Pennie to help you understand what options are available to you and your family. They cannot make specific recommendations about which plan you should buy.

FIND A PENNSYLVANIA ASSISTER NEAR YOU

Click on FIND A CERTIFIED BROKER



Find Local Assistance

Search for a Certified Agent or Broker

Enter 19053 in
Zip Code &
select distance
from you

Search by location

Zip code *

Distance

miles

Languages

Search

OR

Search by Name

First Name

Last Name

Agency Name

Search

42 Agents found 19053 Search Again

Name	Contact Info	Distance	Product Expertise	Languages
[Redacted]				
[Redacted]				
Ed Macconnell	Total Benefit Solutions Inc 427 E Street Rd Feasterville, PA 19053 215-355-2121 edmac@totalbenefits.net	0.0m	Health, Dental, Vision, Life, Medicare, Medicaid, CHIP	

Click on Ed MacConnell

Agent Selection

Selecting an agent as your representative allows them to access your account, see your information, and make changes on your behalf.

Back Search Again SELECT AGENT

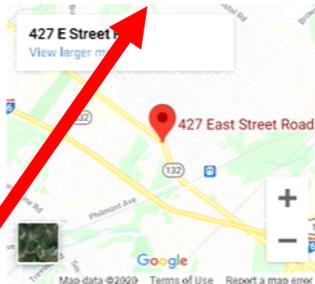
Broker profile photo thumbnail

Ed Macconnell

427 E Street Rd, Feasterville, PA 19053
 215-355-2121
 edmac@totalbenefits.net

Product Expertise: Health, Dental, Vision, Life, Medicare, Medicaid, CHIP

Languages Spoken: [Blank]
 State License Number: 318299
 Clients Served: Individuals / Families



Click on Select Agent

Agent Designation: Attestations

Agent to be Designated: Ed Macconnell

I authorize this agent or broker to access, enter, and update information in my online application. I further grant permission to the agent or broker to submit my completed application and Exchange agreement, including signing the application and Exchange agreement on my behalf.

I understand that I can revoke the account dashboard or by calling a

I grant permission to the agent or I understand that the insurance premi

By entering my eSignature below, the information provided and any: 28 U.S.C. § 1749 and 18 Pa.C.S. § 49

I grant permission to the agent or broker to enter payment information on my behalf. I understand that the insurance premium that I am quoted will be charged to my account.

By entering my eSignature below, I am acknowledging the above and affirming the accuracy of the information provided and any assertions made herein, under penalty of perjury, pursuant to 28 U.S.C. § 1749 and 18 Pa.C.S. § 4904.

Signature

Signature

Applicant Name: **Mar**

Applicant E-Signature *

Applicant Name: **Mar**

Applicant E-Signature * **Ma**

Type your full name here as your electronic signature.

Today's Date: 11 13 2020

Confirm

- Check all the boxes
- Enter Your E-Signature
- Click Confirm

- You're done and we can get to work!
- Please email or call us to let us know.



(215)355-2121 • WWW.TOTALBENEFITS.NET

WE WORK FOR YOUR BENEFIT

Call us if you
need
assistance