

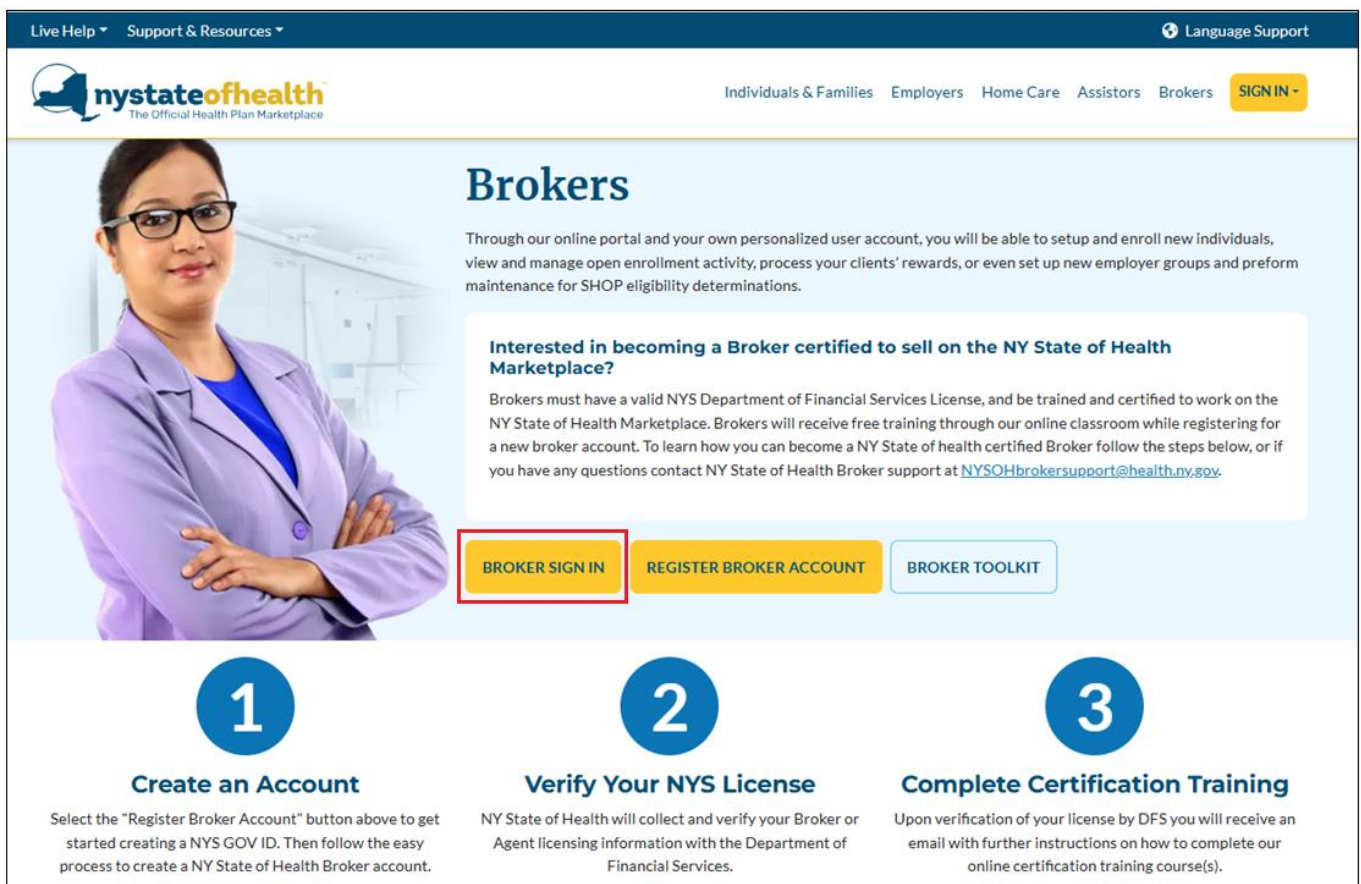
## Adding an Agency in the Broker Portal

Brokers may have multiple agencies under which they submit business. In the NY State of Health Broker Portal, adding a new agency is easy. Simply start by signing in to the NYSOH Broker Portal.

1. Log in to <https://nystateofhealth.ny.gov>. Click **Brokers** in the upper right-hand corner.



2. On the Broker Portal sign-on page, click the **Broker Sign In** button with the newly created NY.Gov ID.

A screenshot of the NYSOH Broker Portal sign-on page. The page has a dark blue header with 'Live Help', 'Support & Resources', and 'Language Support'. Below the header is the NYSOH logo and a navigation menu with 'Individuals & Families', 'Employers', 'Home Care', 'Assistors', 'Brokers', and 'SIGN IN'. The main content area features a large image of a woman in a purple lab coat on the left. To her right is the heading 'Brokers' and a paragraph of text. Below this is a white box with the heading 'Interested in becoming a Broker certified to sell on the NY State of Health Marketplace?' and a paragraph of text. At the bottom of the page are three numbered steps: 1. Create an Account, 2. Verify Your NYS License, and 3. Complete Certification Training. The 'BROKER SIGN IN' button is highlighted with a red rectangular box.

- Once on the *Overview* screen, click the **My Profile** tab at the top of the screen. From the top of the *My Profile* screen, scroll down to the bottom of the page. Under *Agency Affiliation*, all agencies already affiliated will appear, if applicable.

AC0000050211 - Christa Smith

License #: **NY2017** Certification #: **SI00140** view Expiration: **2022-07-20** Status: **Approved**

[Overview](#) **[My Profile](#)** [My Clients](#) [My Inbox](#) [Broker Authorizations](#) [Address History](#) [Useful Links](#)

**Manage Profile Information** collapse

**Personal Profile**

First Name:  \*

Middle Name:

Last Name:  \*

Suffix:  ▼

**Contact Info**

Email Address:

To change Broker email address, please call Customer Service.

Primary Phone Number:  X  ▼ \*

X  ▼ \*

Add Another Number

Preferred Phone Number:  ▼ \*

**Oversight**

Oversight Role:

Primary OM:

Secondary OM:

**Legal Residence**

Address Line 1:  \*

Address Line 2:

City:  \*

Zip:  \* State:

**Mailing Address** Same as residence

Address Line 1:  \*

Address Line 2:

City:  \*

Zip:  \* State:

**Business Address** Same as residence

Address Line 1:  \*

Address Line 2:

City:  \*

Zip:  \* State:

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**Account Preferences**

Hide Profile from All Searches

Hide Profile from Public Search

Send me Client Renewal Reminder Notice

**Group Size**

Individual  2 - 10  11 - 25  25+

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You can select more than one county or language by holding down the control button when making your selection.

**Countries List**

**Countries Served**

ALBANY  
ALLEGANY  
BRONX  
BROOME

**Languages List**

**Languages Supported**

English

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**Available Issuer List**

CDPHP  
CDPHP UBI  
EmblemHealth  
Empire Blue Cross (Medical Update)

**My Issuer Affiliations**

Affinity Health Plan  
BlueCross BlueShield of Western New York  
BlueShield of Northeastern New York

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**Agency Affiliations:**

Enter Agency's License Number to add to your list.

Agency Name  Agency EIN (Tax ID)

**Agency Affiliation**

My Agency Affiliations	EIN/Tax ID	License No.	
<input type="text" value="SHOP"/>	<input type="text" value="123456789"/>	<input type="text" value="123456789"/>	remove
<input type="text" value="testnew"/>	<input type="text" value="123456987"/>	<input type="text" value="test234"/>	remove

**Can work independently on the Marketplace**

Please confirm that the information above, related to your NY State of Health certification and service details is accurate. This information will be displayed when potential clients are searching for a Broker, Navigator or Certified Application Counselor.

Save

Reassign Clients
expand

- To add a new Agency Affiliation, enter the **Agency License Number** of the new agency. Once added, the *Agency Name* and *Agency EIN* will populate. Verify the information is correct and then click the green *Add* link.

**Agency Affiliation:**  
Enter Agency's License Number to add to your list.

Agency Name  Agency EIN (Tax ID)  [Add](#)

**Agency Affiliation**

My Agency Affiliations	EIN/Tax ID	License No.	
<input type="text" value="testnew"/>	<input type="text" value="123456987"/>	<input type="text" value="test234"/>	<a href="#" style="color: red;">remove</a>
<input type="text" value="SHOP"/>	<input type="text" value="123456789"/>	<input type="text" value="123456789"/>	<a href="#" style="color: red;">remove</a>

**Can work Independently on the Marketplace**

*Please confirm that the information above, related to your NY State of Health certification and service details is accurate. This information will be displayed when potential clients are searching for an Assistor or Broker.*

[Save](#)

- Click the **Save** button to complete the addition of the new agency.

**Agency Affiliation:**  
Enter Agency's License Number to add to your list.

Agency Name  Agency EIN (Tax ID)

**Agency Affiliation**

My Agency Affiliations	EIN/Tax ID	License No.	
<input type="text" value="testnew"/>	<input type="text" value="123456987"/>	<input type="text" value="test234"/>	<a href="#" style="color: red;">remove</a>
<input type="text" value="Testbroker"/>	<input type="text" value="123322111"/>	<input type="text" value="123456"/>	<a href="#" style="color: red;">remove</a>
<input type="text" value="SHOP"/>	<input type="text" value="123456789"/>	<input type="text" value="123456789"/>	<a href="#" style="color: red;">remove</a>

**Can work Independently on the Marketplace**

*Please confirm that the information above, related to your NY State of Health certification and service details is accurate. This information will be displayed when potential clients are searching for an Assistor or Broker.*

[Save](#)

**\*Check out the list of User Guides for more informational topics\***