



Elderplan 2018

Agent/Agency Application for Appointment

**** Attention Agents: Once your contracting has been received and processed by Ritter, Ritter Insurance Marketing will email you a link to complete the remainder of your contracting and certifications.**

Agent Full Name: _____

Primary Email Address: _____

Primary Phone Number: _____

National Producer Number: _____

Agent Social Security Number: _____

Date of Birth: _____

Resident State: _____

Immediate Upline's Name: _____

Will you be appointing your Agency: ___ YES or ___ NO

If YES, list your Agency's name: _____

If YES, list your Agency's TaxID Number: _____

If YES, list your Agency's NPN Number: _____

Required Supporting Documents:

1. Include a copy of your Individual NY state license.
2. If applicable, include a copy of your Agency's NY state license.

Please return contracting paperwork with all Required Supporting Documents to:

Ritter Insurance Marketing 2600 Commerce Drive, Harrisburg, PA 17110

Fax: 888-509-7058 Email: license@ritterim.com Thank you!

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Commission information for Agent Level contracting will be available to view when you complete your contracting online.

Thank you,