## Producer Information Sheet

Complete the information below and return it with your producer licensing paperwork.

ConnectiCare, Inc.

ATTN: Finance Dept. / Producer Compensation
175 Scott Swamp Road
Farmington, CT 06032

Fax: 860-678-5224

Please indicate the pro		need to be appointed:  Appointing Entite	tv		
☐ Group Medical	cal-HMO/POS/PPO ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc.				
☐ Individual Med	ical - Off Exchange ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc.				
☐ Individual Med	dical - ON Exchange ConnectiCare Benefits, Inc. (AHCT training completion required)				
☐ Dental	ConnectiCare Insurance Company, Inc.				
□ VIP Medicare (certification required) ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc.					
Pay Commissions to: (please indicate one choice)	Agent	OR	Agency:		
Individual Producer Name:	□ Mr. □ Ms.				
	Firs	t I, III, IV Other	Last		МІ
Individual Producer Address:		, III, IV Oute			
energy design	P.O. Box or Street	Address	and the second s		
Taragai de Caración de Caració				7:0	
an managamannan	City	State		Zip	
Individual Producer License Number:	License #	State:	SS #:		
radinoon.					
	THE COLUMN				
Agency Name:					
Agency Address:				b veruse, as the construction of	
No.	P.O. Box or Street	Address			,
y series de la companya del la companya de la companya del la companya de la comp	City	State		Zip	_
Agency License Information:					
Agonoy Elochoo information	License #		State		
	NPN#				
Agency Tax Identification Number:	Agency tax id				
Phone Numbers:	Phone:		Fax:		
(include area code)				a de la composition de la comp	
	Gell Phone:		_		
E-Mail Address: (required)					