

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 product(s) for which you need to be appointed:

- | <u>Product</u> | <u>Appointing Entity</u> |
|---|--|
| <input type="checkbox"/> Group Medical-HMO/POS/PPO | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc. |
| <input type="checkbox"/> Individual Medical - Off Exchange | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc. |
| <input type="checkbox"/> Individual Medical - ON Exchange | ConnectiCare Benefits, Inc. (AHCT training completion required) |
| <input type="checkbox"/> Dental | ConnectiCare Insurance Company, Inc. |
| <input type="checkbox"/> VIP Medicare (certification required) | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc. |

Pay Commissions to: <i>(please indicate one choice)</i>	Agent _____ OR Agency: _____
Individual Producer Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Last MI </div> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II, III, IV Other _____
Individual Producer Address:	P.O. Box or Street Address _____ _____ City _____ State _____ Zip _____
Individual Producer License Number:	License # _____ State: _____ SS #: _____ NPN #: _____
Agency Name:	_____
Agency Address:	P.O. Box or Street Address _____ _____ City _____ State _____ Zip _____
Agency License Information:	License # _____ State _____ NPN# _____
Agency Tax Identification Number:	Agency tax id _____
Phone Numbers: (include area code)	Phone: _____ Fax: _____ Cell Phone: _____
E-Mail Address: (required)	_____