

Humana Agent Information Sheet

Request for New or Transfer of Current Contract

Date _____

Products Requested: Medicare HumanaOne

Agent Full Name _____ SSN or NPN _____ DOB _____
(as shown on license)

Resident Address _____

Business Address _____

Phone _____ Home Bus Cell FAX _____ Home Bus

Email _____ Home Bus

Are you the principal of an Agency? Yes No (If No, skip to COMMISSIONS section below)

If you checked "Yes" above, do you wish to contract your agency? Yes No

If Yes: Agency Name _____ TIN _____

COMMISSIONS:

If contracting as an Individual, will Commissions be paid to: Self Other

If Other: Name _____ SSN/TIN _____

UPLINE: (Who are you or your agency contracting under?)

Name _____ SSN/TIN _____

Additional Information: _____

Marketing Use Only

SMS ID _____ Commission Level _____ Marketer _____

Notes _____

Contracting Use Only

Process Date _____

Contractor _____

Additional Notes:

Medicare: Active Y N Direct GA SA 360

Individual: Active Y N Direct GA SA 360

Invite Sent to: Agent Agency Both

Products: Medicare Individual Both