

Health Division

Contracting Requests



Please Choose One: Individual Agency LOA

Agent Name: _____

Agent SSN: _____ **Agent Phone:** _____

Business Phone: _____ **Agent NPN:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Agency Name: _____ **Tax ID:** _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Upline Agency: _____

ACA Carriers Requested:

Molina	CareSource	UnitedHealthCare	AvMed	Anthem
Ambetter	Oscar	Aetna CVS	SWHP	Christus
Bright	Cigna	Friday Health	Medica	

Short Term Medical Carriers Requested:

United Health One	Pivot	National General	IHC
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Additional Carriers Needed: _____

Signature: _____