

# Aetna **Agent**

## Registration Form

Please Print Agent Information (as it appears on your state license)

Agent Level \_\_\_\_\_

Name: \_\_\_\_\_

First

MI

Last

Suffix

Date of Birth: \_\_\_\_\_ National Producer # \_\_\_\_\_  
(MM/DD/YYYY)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Resident State: \_\_\_\_\_ In which states do you want to be contracted: \_\_\_\_\_

Present Home Address: \_\_\_\_\_

Street

City

State

Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Address (if different than home address): \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Shipping Address (If different than business address): \_\_\_\_\_  
(No P.O. Boxes)

**Recruiting Agency:** \_\_\_\_\_

By signing below, Broker is requesting that Integrated Benefits be their IMO for Aetna contracting. Broker agrees to represent Aetna as an independent agent, the policies and procedures of Aetna and state and federal laws and regulations applicable to the products which Broker is allowed to sell Medicare Advantage Plans. Broker shall complete an application for appointment and provide such other information as Aetna may reasonably require.

\_\_\_\_\_  
**Agent Signature**

\_\_\_\_\_  
**Date**