



MEDICARE ADVANTAGE
BROKER APPOINTMENT APPLICATION

SECTION 1: BROKER INFORMATION

Form with fields for First Name, M.I., Last Name, Social Security #, Date of Birth, National Producer #, KY License Number, Business Phone Number, Ext., Email Address, Fax Number, Mobile Number, Business Address, City, State, ZIP Code, Residential Address, City, State, ZIP Code.

SECTION 2: FMO/AGENCY AFFILIATION

Form with checkboxes for FMO: AgentLink, Agent Pipeline, Cornerstone Senior Services LLC, Gateway Strategies, and a field for General Agent (if applicable).

SECTION 3: E & O POLICY INFORMATION – Please include a copy of your declaration page or certification with application.

Table with 5 columns: Policy Amount, Policy #, Policy Carrier, Effective Date, Expiration Date.

SECTION 4: LICENSING QUESTIONS

Form with 4 numbered questions regarding insurance license suspension, lawsuits, and Medicare Advantage product sales.

I hereby certify that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Form with fields for Broker Signature and Date (MM/DD/YYYY).