

Contracting Request Form

If Contracting as an Agency (GA, MGA, SGA):

Agency Name: _____ EIN: _____

Principal Name: _____ Email: _____

Principal NPN: _____ Selling Principal Non-selling Principal

Business Phone Number: _____

If Contracting as an Agent **ONLY**:

Agent Name: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Hierarchy/Level

Agent Name: _____ Assigning Commissions: _____

If assigning commissions, you must complete the AOC form attached.

GA Name: _____

MGA Name: _____

SGA Name: _____

FMO Name: **American Benefit Services, Inc**

Please mark the state(s) in which you plan to sell HealthSpring:

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Georgia | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Texas | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> D.C. | <input type="checkbox"/> Kansas | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> Tennessee |



Assignment of Commissions

Agency Name: _____ EIN: _____

Agency Address: _____

Agency Phone Number: _____ County: _____

Authorized Principal Name: _____

Authorized Principal Email: _____

Additional Contact or Representative: _____

Contact Email: _____
