

**ConnectiCare, Inc.  
Producer Information Sheet**

Complete the information below and return it with your producer licensing paperwork.

**ConnectiCare, Inc.**  
ATTN: Finance Dept. / Producer Compensation  
175 Scott Swamp Road  
Farmington, CT 06032  
Fax: 860-678-5224

Please indicate the product(s) for which you need to be appointed:

- | <u>Product</u>  | <u>Appointing Entity</u>   |
|---|--|
| <input type="checkbox"/> Group Medical-HMO/POS/PPO                | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc.                |
| <input type="checkbox"/> Individual Medical - <b>Off Exchange</b> | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc.                |
| <input type="checkbox"/> Individual Medical - <b>ON Exchange</b>  | ConnectiCare Benefits, Inc. ( <b>AHCT training completion required</b> ) |
| <input type="checkbox"/> Dental                                   | ConnectiCare Insurance Company, Inc.                                     |
| <input type="checkbox"/> VIP Medicare (certification required)    | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc.                |

<b>Pay Commissions to:</b> <i>(please indicate one choice)</i>	Agent _____ <b>OR</b> Agency: _____
Individual Producer Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>First</span> <span>Last</span> <span>MI</span> </div> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II, III, IV Other _____
Individual Producer Address:	_____ P.O. Box or Street Address _____ City State Zip
Individual Producer License Number:	License # _____ State: _____ <b>SS #:</b> _____ NPN #: _____
Agency Name:	_____
Agency Address:	_____ P.O. Box or Street Address _____ City State Zip
Agency License Information:	License # _____ State _____ NPN# _____
Agency Tax Identification Number:	Agency tax id _____
Phone Numbers: (include area code)	Phone: _____ Fax: _____ Cell Phone: _____
<b>E-Mail Address: (required)</b>	_____