

**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 | ConnectiCare, Inc. |
| <input type="checkbox"/> Group Medical-PPO | ConnectiCare Insurance Company, Inc. |
| <input type="checkbox"/> Individual Medical | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc. |
| <input type="checkbox"/> Dental | ConnectiCare Insurance Company, Inc. |
| <input type="checkbox"/> VIP Medicare (certification required) | ConnectiCare, Inc. & ConnectiCare Insurance Company, Inc. |

Pay Commissions to: (please indicate one choice)	Agent _____ OR Agency: _____
Individual Producer Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Last MI </div> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II, III, IV Other _____
Individual Producer Address:	_____ P.O. Box _____ _____ Street _____ _____ City _____ State _____ Zip _____
Individual Producer License Number:	_____ State of License: _____ SS #: _____
Producer (Agency) Name:	_____
Producer (Agency) Address:	_____ P.O. Box _____ _____ Street _____ _____ City _____ State _____ Zip _____
Producer (Agency) License Number:	_____ State of License _____
Producer (Agency) Tax Identification Number:	_____
Telephone Number:	_____/_____-_____ Area Code
Fax Number:	_____/_____-_____ Area Code
E-Mail Address:	_____