

# Humana Agent Information Sheet

## Request for New or Transfer of Current Contract

Date \_\_\_\_\_

Products Requested:  Medicare  HumanaOne

Agent Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
(as shown on license)

Resident Address \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_  Home  Bus  Cell FAX \_\_\_\_\_  Home  Bus

Email \_\_\_\_\_  Home  Bus

Are you the principal of an Agency?  Yes  No (If No, skip to COMMISSIONS section below)

If you checked "Yes" above, do you wish to contract your agency?  Yes  No

If Yes: Agency Name \_\_\_\_\_ TIN \_\_\_\_\_

### COMMISSIONS:

If contracting as an Individual, will Commissions be paid to:  Self  Other

If Other: Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

**UPLINE:** (Who are you or your agency contracting under?)

Name Senior Savings Network LLC / Christopher Westfall SSN/TIN \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Marketing Use Only

SMS ID \_\_\_\_\_ Commission Level \_\_\_\_\_ Marketer \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

### Contracting Use Only

Process Date \_\_\_\_\_

Contractor \_\_\_\_\_

Additional Notes:

Medicare: Active  Y  N  Direct  GA  SA  360

Individual: Active  Y  N  Direct  GA  SA  360

Invite Sent to:  Agent  Agency  Both

Products:  Medicare  Individual  Both