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**Independent Agent Information**

**An independent broker is a sole proprietor who would receive commission payments directly from Hometown Health**

**In order for you us to properly set you up as an approved independent agent with Hometown Health., Please complete the information below and return the form to** [***brokeronboarding@hometownhealth.com***](mailto:brokeronboarding@hometownhealth.com)

Do you have an existing eQuote account? Yes No  Not Sure

|  |
| --- |
| **Independent Broker Information** |
| First (legal) Name: |
| Middle Initial |
| Last (legal) Name |
| Broker License # |
| Broker NPN # |
| Broker TIN/SS # |
| Date of Birth: |
| Email Address: |

|  |
| --- |
| **Agency Information** |
| Agency Name If Any: |
| Agency Address: |
|  |
| Agency Phone: |
| Will you be receiving commission payments directly? Yes No |

**If you are wanting to be appointed for Medicare Products, please email [brokeronboarding@hometownhealth.com](mailto:brokeronboarding@hometownhealth.com) AHIP certification**