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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***

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 AHIP certification**