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**Writing Agent Information**

**Writing Agent - Agency receive commission payments directly from Hometown Health**

**In order for you us to properly set you up as an approved writing 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

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

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| **Agency Information** |
| Agency name? |
| Agency License # |
| Agency TIN (EIN)# |
| Agency NPN # |
| Agency Address: |
|  |
| Agency Phone: |
| Who will be receiving commission payments? Agency Agent |

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