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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***

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 AHIP certification**