



BROKER REGISTRATION FORM 689-253-0001

ALL FIELDS REQUIRED

Email Completed Form to: info@powerinsurancefinancial.com

Full Name (As Shown on License)		Date of Birth	SSN	Preferred Language __Eng __Spa
Contact Number		Email Address		License Number
Agent NPN #		Agency NPN #		Agency EIN / TIN
Broker Home Address / Agency Street Address		City	State	Zip Code
Commissions Payable To: __ Agent __ Agency		Agency Name (If Applicable)		Upline Name (If Applicable)
Other States Licensed In:				

Please Select the Carriers That You Wish to Be Appointed with Below

(Note: Not all plans may be available in all states.)

HEALTH	DENTAL / SUPPLEMENT	LIFE
OBAMACARE __ Oscar __ Bright Health __ Ambetter __ Molina __ UHC __ AvMed __ Cigna __ Aetna __ Friday MEDICARE __ Humana/CarePlus __ Aetna __ Wellcare __ Freedom __ UnitedHealth AARP Other: _____	__ Ameritas __ 1Dental __ National Care Dental __ Manhatthan Life Other: _____	__ F&G __ National Life __ 3Mark __ Americo Other: _____

NOTE: Please return document with Insurance License, Void Check, W9, E&O Insurance.

Agent Signature

Date