



For more Information N. CA call: (877) 361-7342
For more Information S. CA call: (800) 457-6116
License #0M29112

Medicare Plans Contracting Request

Agent Name: _____ Phone: _____

Address: _____

E-mail: _____ License #: _____

Carrier Contract Requested and Level

- | | | | |
|---------------------|----------|-------|------------------------|
| • Aetna | Agent___ | GA___ | Currently Contract?___ |
| • Anthem | Agent___ | GA___ | Currently Contract?___ |
| • Blue Shield of CA | Agent___ | GA___ | Currently Contract?___ |
| • Care 1st | Agent___ | GA___ | Currently Contract?___ |
| • Humana | Agent___ | GA___ | Currently Contract?___ |
| • SCAN | Agent___ | GA___ | Currently Contract?___ |
| • Silver Scripts | Agent___ | GA___ | Currently Contract?___ |
| • United Healthcare | Agent___ | GA___ | Currently Contract?___ |

Current Upline

Agency: _____

Current Downline Agents (if GA): _____

Notes: _____

Please forward this completed form by clicking on the e-mail link below and attaching the form to the e-mail:

medicare@dickerson-group.com