

Humana Agent Information Sheet

Request for Contract Invitation

To avoid complications, agents should plan to complete contracting the same day the contracting invitation is received.

Date _____ Type of Contract: Medicare Humana One

Agent Full Name _____ SSN _____
(As shown on license)

Agent Address _____

Agent Phone _____ Home Business

Agent Fax _____ Home Business

Email Address _____ Home Business

Send Invite For: Agent ONLY Agency ONLY Both Agent and Agency

Agency Name _____ TIN _____
(If Sending Invite to Agency)

Commission Level: LOA Agent

Who Is Commission paid to:

Agent/agency listed above

Other Individual _____ SSN _____

Other Agency _____ TIN _____

Upline Name _____

Upline Phone # _____

Notes: _____

For Marketing Use Only:

SMS ID _____ Marketing Rep _____

For Contracting Use Only:

Date _____ Contractor _____

Notes _____
