CareFree INSURANCE SERVICES

1600 SW 80th Terrace, Plantation, FL 33324 (888) 549-4800

Email Completed Form to contracts@carefreeinsurance.net

Broker Registration Form – All Fields Are Required

Full Name or If contracting as Principal of Agency must indicate Principal Name	Date of Birth	Broker SSN	Preferred Language
			☐ English ☐ Spanish

Broker NPN #	Agency NPN #	Agency EIN/TIN
	3220736	

Commissions Payable to:	Broker Home Address/Agency Street Address		
☑ Broker ☐ Agency			
Agency Name (If Applicable)	**City**	**State**	**Zip Code**
Premier Insurance Contracts Inc.			
Upline Name (If Applicable)	**Email Address**		
Alvaro Castellanos			
Available Options – Select if Needed	**Contact Number**	**Other States Licensed In:**	
☐ AHIP ☐ E&O Insurance			

Select Agent or Agency Level **(Indicate # of Agents for LMO, GMO)**

☐ LOA ☐ AG4 ☐ LMO _____ ☐ GMO _____ ☐ Other _____

Please select the Carriers that you wish to be appointed with below: **(Note: Not all plans may be available in all states.)**

MAPD/PDP	MEDSUPP/ANCILLARY
☑ Aetna/Coventry Health Care / SilverScript	☐ Aetna Senior Products
☐ Amerigroup ☐ Anthem ☐ Cigna HealthSpring	☐ Mutual of Omaha
☐ Blue KC ☐ Bright Health ☐ Freedom/Optimum	☐ Medico Ins.
☐ Centene/AllWell Health Plan ☐ Molina HealthCare	☐ Davis Vision (Morgan White)
☑ Devoted (TX only) ☐ Simply Health	☐ Delta Dental (Morgan White)
☐ Humana/CarePlus Health Sun ☐ WellCare Health Plan	☐ Renaissance Dental (Morgan White)
☐ UnitedHealth/Medica/Preferred Care Plan/AARP	☐ VSP (Morgan White)
☐ Other:_____	☐ United American
	☐ Other: _____

NOTE: Please indicate if you are connected to another agency. If "YES," you will need to obtain a release letter from your current upline. ☐ YES ☐ NO

IF A RELEASE IS REQUIRED, IT IS THE RESPONSIBILITY OF THE AGENT/AGENCY TO OBTAIN

Broker Signature **Date**

All fields are required. Incomplete or inaccurate information will cause delays.