

FOR HOME USE ONLY

First Name	MI	LAST NAME		M/F	
Residential Street Address		City	State	Zip	
Date of Birth	Social Se	curity Number	E-Mail Address		
Primary Phone	Cell Phone		National Producer Number		
CORPORATE INFORMATION IF CONTRACTING AS AN AGENCY					
Agency Name	Tax ID #				
Agency Street Address		City	State 2	 Zip	
Tax Classification:	Date of Incorporation:				
Is your Agency Licensed To Sell Insurance: Yes No					
LICENSING INFORMATION					
Resident State License # *Non-Resident State Licenses must be hose states. If contracting as a corpora Lines of Authority: Accident Are you Medicare Certified: Are you Securities Registered:	provided for ap	ovide a copy of those I Life P&C	•	appointed in	

Contracts Emailed: _____ Agency BLOC: ____ Marketer: ___

BACKGROUND INFORMATION					
Are there any potential complications such as bankruptcies, criminal history, debt balances, liens, pending lawsuits or other issues that may hinder contracting? Yes No					
If yes, please write a brief Letter of Explanation, date, sign accordingly and send back with Agent Data Form.					
Do you currently have Errors and Omissions insurance? Yes No					
Have you ever had a claim	n filed against it? Yes	No			
Name of Carrier	Policy Number	Coverage Amount			
CURRENT MEDICARE CONTRACTS					
How many years have you been selling Medicare?					
What Medicare carriers do you currently represent?					
Current upline for those contracts?					
Are you able to obtain a release from your current up line? Yes No					
TLC is not responsible for obtaining releases. If unsure if a release is necessary, please contact TLC Agent Support.					

NECESSARY DOCUMENTS NEEDED

TLC will need copies of the following for the contracting process:

- 1. Current copy of Insurance License(s) / Agency License(s) per state
- 2. Current copy of your E&O certificate
- 3. Voided check for direct deposits
- 4. Explanation / Supporting docs for any potential contracting issues
- 5. Any Releases, if needed, that have been secured

Please include all necessary documents when you send back the Agent Data Form.

CONTRACTS

TLC's product list will be on the following page. Some are paper contracts that will need filled out and sent back to TLC. Some are online links that you will need to click and complete via online. Finally, some will be requested from TLC home office to be sent to you via email for you to complete online. These will be sent when your initial contracting e-mail is sent to you.

TLC's National Product List

PLEASE CHECK THE BOX NEXT TO THE CARRIERS YOU WISH TO CONTRACT WITH

MEDICARE MEDICARE PART D &				
SUPPLEMENT	ADVANTAGE	AUXILLARY		
Aetna* Americo Amerigroup Anthem BCBS* Bankers Fidelity Cigna Companion Gerber GPM GTL Humana* Manhattan Medical Mutual of Ohio* Medico Mutual of Omaha* New Era Pan American Renaissance Sentinel Security Thrivent United Healthcare* Other Not Listed	Aetna* Anthem* Amerigroup* BCBS MI BCBS NC BCBS TN BCBS TX Bright Health* Centene/Allwell Cigna HealthSprings Devoted Health Excellus NY Geisinger Highmark PA Humana* Lasso Medical Mutual of Ohio* Medigold Meridian Molina Mutual of Omaha Oscar Paramount Priority Health SummaCare The Health Plan Texan Plus United Healthcare* UPMC Wellcare Other Not Listed ————————————————————————————————————	Aetna Anthem* CVS Silverscript(Aetna) Envision* First Health Humana* Mutual of Omaha* United Healthcare* Wellcare* Other Not Listed Misc. Products Ameritas Care Plus Delta Dental GEO Blue GTL Advantage Plus* Manhattan DVH Medico Indemnity Renaissance/Morgan White Life- Final Expense Aetna AIG Foresters* Gerber Great Western Kemper Mutual of Omaha* Royal Neighbors United Home Life		

Carriers Marked * are TLC Preferred Carriers

TLC offers many more Life and Annuity carriers that you can choose from. For more information, please contact your Manager. If you do not see a carrier you desire to be contracted with, mark it in Other Not Listed. Chances are, we have the contract!

Please Submit Agent Data Form To