



## United HealthCare E- Contracting Initiation

\*\*\*Please note this is NOT a contract. The contracting packet will follow in an email upon completion and return of this form to your upline manager.\*\*\*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Office Phone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Corporation Name \_\_\_\_\_

Corporation Address \_\_\_\_\_

Corporation Tax ID \_\_\_\_\_ Corporation Phone: \_\_\_\_\_

E&O Carrier \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you have a current appointment with Medicare Advantage Specialists? Yes \_\_\_ No \_\_\_

FMO: Medicare Advantage Specialists

SGA: North American Life Plans / Eugene J. Woznicki

MGA: N/A

GA: N/A

Agent: \_\_\_\_\_

Solicitor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_