

# BROKER AGENCY APPLICATION



## GENERAL INFORMATION

Agency Name

Tax ID Number

MA  RI  NH

License State

A&H License Number (Note: Copy of Applicable Licenses MUST be attached with this application.)

Please Note:

Tufts Health Plan (MA, RI)

Tufts Health Freedom Plan (NH)

## BUSINESS ADDRESS

Number & Street

City

State

Zip

Telephone

Fax

E-mail Address

## MAILING ADDRESS (if different)

Number & Street

City

State

Zip

Telephone

Fax

E-mail Address

**I confirm the information provided is accurate to the best of my knowledge.**

Signature of Applicant/Authorized Officer

Date