

INDIVIDUAL BROKER APPLICATION



BROKER INFORMATION

Broker Name

Date of Birth (Month/Day/Year)

Social Security Number

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