



# AETNA

## Agent Contract

### APPOINTMENT REQUIREMENTS

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Please complete, sign and date these forms; submit the following items to your Managing General Agent:

1. Aetna Health Agent Data Sheet
2. NYS License
3. Errors & Omissions Insurance
4. 2015 AHIP Certificate
5. W-9 & Voided Check(if direct deposit is desired)

**NOTE:**

All documentation must be completed **and signed** in order to proceed with the appointment process. **Submit your signed paperwork and all additional requirements to your Managing General Agent. Not directly to the Company.**

You can mail your completed paperwork to:

Genesis Business Capital, Inc.  
Agent Licensing  
520 White Plains Road Suite 500  
Tarrytown, NY 10591  
OR

Tel: (914) 909-2548

Fax: (866) 548-1152

[contracts@genesisbusinesscapital.net](mailto:contracts@genesisbusinesscapital.net)

**Broker Contract Sheet**  
**Medicare Broker Services Dept.**



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**Instructions: Please fill out the required information below and send back to [contracts@genesisbusinesscapital.net](mailto:contracts@genesisbusinesscapital.net) or Fax: (866) 548-1152.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zipcode:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

*(very important, please print clearly)*

**Place of Business:** \_\_\_\_\_

**Address to send Products:** \_\_\_\_\_

*(if different from above)*

<b>Years of Experience</b>
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**Have you sold Medicare before? If so,**

**Please indicate number of years** \_\_\_\_\_

**Please list the other carriers you will**

**Be selling for 2015** \_\_\_\_\_

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