

Getting Started with Flex!



Name: _____ Email: _____

Company Name: _____

Broker-Dealer Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

1) Are you currently licensed to sell health insurance? Yes No

2) In which states are you licensed to sell health insurance? _____

3) Please indicate which carriers you are appointed with to sell health insurance:

<i>Carrier</i>	<i>Group Health</i>	<i>Individual Health</i>
Aetna	<input type="checkbox"/>	<input type="checkbox"/>
Assurant / Time	<input type="checkbox"/>	<input type="checkbox"/>
Blue Cross Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>
Golden Rule	<input type="checkbox"/>	<input type="checkbox"/>
Humana	<input type="checkbox"/>	<input type="checkbox"/>
Starmark	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

4) On a scale of 1 to 5, with 5 being the highest, how would you rate your knowledge of the following?

	1	2	3	4	5
Individual Health Insurance					
	1	2	3	4	5
Group Health Insurance					
	1	2	3	4	5
Health Savings Accounts (HSAs)					

Please email the completed form to ica@flexiblebenefit.com or fax it to 847-332-0334.

For Broker/Dealer Use Only



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