

# Agent Licensing & Hierarchy Form

This document contains personal and private information. **Please return completed form via secure email to MedicareSalesBrokers@fallonhealth.org or fax (1-508-757-0572) only.**

Agency name:	Agency signature:
Agent's full name (including middle initial):	
Agent's email:	SSN:
Agent's phone:	MA license number:
License expiration date:	NPN:
Agent signature:	Signature date:

## What action are you taking?

Add agent:      Term agent:      If terming agent, was it for cause?    Yes    No



### Fallon use only:

Payment structure: \_\_\_\_\_

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_

*This is not an approved marketing, advertising or outreach document. It is not intended for use with plan members/Medicare beneficiaries.*