MEDICARE CONTRACTING REQUEST FORM HST-STL, LLC:

CONTRACTS WILL BE COMING FROM DIFFERENT PARTNERSHIP SOURCES VIA EMAIL. YOU MAY SEE SURANCEBAY, INSURANCE PHOENIX, JACK SCHROEDER & ASSOCIATES OR HST-STL IN YOUR EMAILS. THESE ARE ALL PARTNERS IN THE MEDICARE CONTRACTING PROCESS.

Agent Name: _____

Agent NPN: _____

Agent CHC Email: _____

Agent Phone: _____

Agent Address: _____

Agent DOB: _____

***Agent Fee Acknowledgement: I have read the appointment fee chart and accept the fees** _____
Initial Here

PLEASE CHECK OFF THE CARRIERS AND APPOINTED STATES:

COMPASS HEALTH CONSULTANTS

☐ Aetna MA	☐ Cigna Med Supp	☐ GTL (Hospital Indemnity)	☐ Mutual of Omaha
☐ Aetna SSI	☐ Devoted	☐ Gold Kidney	☐ Optimum
☐ Anthem	☐ Essence	☐ Heartland National	☐ Physicians Mutual
☐ BCBS	☐ Florida Blue	☐ HCSC-BCBS	☐ UHC
☐ BCBS AZ	☐ Freedom	☐ Humana	☐ United American
☐ BCBS TN	☐ Gerber Life (Senior Life + Ancillary)	☐ Medico/Wellabe (Med Supp + Ancillary)	☐ Wellcare
☐ Cigna MA	☐ Geo Blue (Travel)	☐ Molina	☐ WPS

☐ Alabama	☐ Idaho	☐ Michigan	☐ New York	☐ Tennessee
☐ Alaska	☐ Illinois	☐ Minnesota	☐ North Carolina	☐ Texas
☐ Arizona	☐ Indiana	☐ Mississippi	☐ North Dakota	☐ Utah
☐ Arkansas	☐ Iowa	☐ Missouri	☐ Ohio	☐ Virginia
☐ California	☐ Kansas	☐ Montana	☐ Oklahoma	☐ Washington
☐ Colorado	☐ Kentucky	☐ Nebraska	☐ Oregon	☐ West Virginia
☐ Connecticut	☐ Louisiana	☐ Nevada	☐ Pennsylvania	☐ Wisconsin
☐ Florida	☐ Maine	☐ New Hampshire	☐ Rhode Island	☐ Wyoming
☐ Georgia	☐ Maryland	☐ New Jersey	☐ South Carolina	
☐ Hawaii	☐ Massachusetts	☐ New Mexico	☐ South Dakota	

Email completed form to **medicare@chcquotes.com**