



Market POINT
Agent Licensing Information Form
Complete only updated information

Humana Affiliation: Career Delegated MECA Broker Referral Independent Affinity Partner

Please select states that are being submitted. Updated License must be submitted with this form.

	AL		AK		AZ		AR		CA		CO		CT		DE		FL		GA
	HI		ID		IL		IN		LA		KS		KY		LA		ME		MD
	MA		MI		MN		MS		MO		MT		NE		NV		NH		NJ
	NM		NY		NC		ND		OH		OK		OR		PA		RI		SC
	SD		TN		TX		UT		VT		VA		WA		WV		WI		WY

Agent Information :

Social Security # _____ - _____ - _____ SAN # _____

Full Name _____
(Last) (First) (Middle) (Suffix) (Title)

Primary Phone (____) _____ Secondary Phone (____) _____ FAX (____) _____

E Mail Address _____

New Sales Office Information (Complete if moving from one sales market office to another.)

Market: _____

Street _____ PO Box _____

City _____ State _____ Zip _____ County _____

Resident Address:

Street: _____

City _____ State _____ Zip _____ County _____

I hereby certify that all information in this entire form including any documents attached hereto, is true and correct to the best of my knowledge and belief.

Date: _____ Signature: X _____

For Sales Market Office Use Only (Complete for Employment Change Only)

New Position Title _____ Date of Hire/Change _____

Signature of Authorized Director/Manager _____

Printed Name of Authorized Director/Manager _____

Market _____

Updated License must be submitted with this form. Email or fax completed form to:

Email: AgencyMgt@humana.com

FAX: 920-339-2160