



Health Plans

# Field Marketing Organization (FMO)/ General Agent (GA) Form



FLORIDA HOSPITAL  
CARE ADVANTAGE

Submit form to: [HFBroker@health-first.org](mailto:HFBroker@health-first.org)

## FMO/GA Agency Information

FMO/GA Agency Name: Plan Advisors	
FMO/GA Agency Email: info@myplanadvisors.com	FMO/GA Agency NPN: 17235707
FMO/GA Agency Contact Name: Fawniesha Alli	FMO/GA Agency Contact #: 352-978-3899

## Agency/Agent Information

Agency/Agent Name:	
Agency/Agent Email:	Agency/Agent NPN:

## FMO/GA Line of Business: (select the LOB you will be aligned to)

- Medicare       Individual       Commercial

## Alignment Agreement

### I Agree to be Aligned with FMO/GA

- By checking this box and signing below, I agree that insurance policies sold with my agent number will be aligned with the aforementioned FMO/GA. I may not have aligned all segments of Health Plans under the designated FMO/GA and it is my responsibility to determine which lines of business are affiliated with the above FMO/GA. In addition, I agree that this FMO/GA alignment will remain in place until it is rescinded in writing by either the FMO/GA or the producing agent.

or

### Discontinue FMO/GA Alignment, Continue as Independent Producer

- By checking this box and signing below, I agree that insurance policies sold with my agent number will be aligned with the aforementioned FMO/GA.

Plan Advisors

\_\_\_\_\_  
FMO/GA Name (Print)

\_\_\_\_\_  
Agent Name (Print)

\_\_\_\_\_  
FMO/GA Signature

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Note:** HFHP/FHCA is not responsible for financial nor business agreements between FMO's/GA's and producing agents.

For more information, call Member Services at 855.443.4735 for HFHP or 844.522.5279 for FHCA or email [HFBroker@health-first.org](mailto:HFBroker@health-first.org)

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