



Health Plans

# Field Marketing Organization (FMO) Form

Submit form to: HFBroker@Health-First.org

## Florida Hospital Care Advantage

### Agency/Agent Information

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

### FMO Agency Information

FMO Agency Name: Plan Advisors LLC	
FMO Agency Email: info@myplanadvisors.com	FMO Agency NPN: 17235707
FMO Agency Contact Name: Fawniesha Alli	FMO Agency Contact #: 502-228-1308

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

- Medicare
  Individual
  Commercial

### Alignment Agreement

#### I Agree to be Aligned with FMO

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 In addition, I agree that this FMO alignment will remain in place until it is rescinded in writing by either the FMO or the producing agent.

or

#### Discontinue FMO Alignment, Continue as Independent Agent

- By checking this box and signing below, I agree that insurance policies sold with my agent number will no longer be aligned with the aforementioned FMO.

_____	Plan Advisors LLC
Agent Name (Print)	FMO Name (Print)
_____	_____
Agent Signature	FMO Signature
_____	_____
Date	Date

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

A new form will need to be submitted each time you align or discontinue your FMO business arrangement.

For more information, call Member Services at 855.443.4735 or email HFBroker@Health-First.org

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