

TUFTS Health Plan

BROKER AGENCY APPLICATION

Agency Name:	Agency Tax I.D. Number:
A & H License Number:	License Expiration Date:
<small>(Note: Copy of MA license MUST be attached to this application.)</small>	
BUSINESS ADDRESS	MAILING ADDRESS (If different)
Number & Street:	Number & Street:
City, State, Zip:	City, State, Zip:
TELEPHONE NUMBER:	FAX NUMBER:
E-mail Address:	

I confirm the information provided is accurate to the best of my knowledge.

Signature of Applicant/Authorized Officer

Date