

INDIVIDUAL BROKER APPLICATION

TUFTS  Health Plan

Broker Information

Broker Name (First, Middle Initial, and Last Name)

Date of Birth (Month/Day/Year)

Social Security Number

Tax ID Number

A&H License Number (Note: Copy of Applicable Licenses MUST be attached to this application.)

Business Address

Number & Street

City

State

Zip

Telephone

Fax

E-mail Address

Mailing Address (If different)

Number & Street

City

State

Zip

Telephone

Fax

E-mail Address

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

Signature of Applicant/Authorized Officer

Date