

# RHODE ISLAND 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