

Coventry/Advantra Freedom

APPOINTMENT REQUIREMENTS

Please submit the following items to your Coventry Field Marketing Organization (FMO) as indicated below:

- Hierarchy Transmittal
- Agent Data Sheet

NOTE:

All documentation must be completed *and signed* in order to proceed with the appointment process.

Submit your signed paperwork and all additional requirements to your Coventry Field Marketing Organization... not directly to the Company.

RETURN YOUR COMPLETED PAPERWORK TO:

Medicare Advantage Specialist, Inc.
Jason Perry
1550 Woods of Riverchase Dr./Ste 310
Hoover, AL 35244
Tel. 205-263-8400
Fax 205-263-8350



Hierarchy Transmittal

Check Box:

New

Change

(Please print)

Agent Name: _____ **SS #:** _____

Identify All Hierarchy Levels:

FMO1 : Medicare Advantage Specialist SSN _____

FMO : _____ SSN _____

Managing General Agent (500 enrollees): _____
SSN _____

General Agent (200 enrollees): _____
SSN _____

Agent Level 4 : _____ SSN _____

Agent Level 3 : _____ SSN _____

Agent Level 2 : _____ SSN _____

Agent Level 1 : _____ SSN _____

LOA _____ SSN _____

Resident State:

Non-Resident States:

Agency Name:
(if applicable)

**Additional
instructions:** _____

MEDICARE ADVANTAGE SPECIALIST

Agent Data Sheet

Broker/Agent Name: **FIRST:** _____ **LAST:** _____

Social Security #: _____ Birth Date: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Office: () _____ Fax: () _____

Cell: () _____ Home: () _____

Email Address: _____

E& O Carrier: _____ Exp. Date: _____

Resident Insurance License Number & State: _____

Request for Non Resident Appointment: State: _____ License Number: _____

State: _____ License Number: _____

Resident Agency Insurance Number & State: _____

Request for Agency Non Resident Appointment State: _____ License Number: _____

Do you have a current appointment through Medicare Advantage Specialist, Inc.?

Y: _____ N: _____ If Yes, what company? _____

Do you have a current appointment with Coventry? Y: _____ N: _____

If Yes, under what FMO are you currently contracted?: _____

Have you attached a Release Letter from this FMO, or are you using the "6 months no production rule" to change FMO's? _____