

# American Capital Health, Inc.



## Emblem Health Agent Contract

### APPOINTMENT REQUIREMENTS

Please complete, sign and date these forms; submit the following items to your Managing General Agent:

1. Emblem Health Contact Sheet
2. NYS License
3. Errors and Omissions Insurance
4. Current Sales Year AHIP
5. W-9

### 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 Managing General Agent... not directly to the Company.**

You can mail your completed paperwork to:

**American Capital Health, Inc.  
Agent Marketing  
4500 Broadway, Suite #1  
(Ground Floor)  
New York City , NY 10040-2618**

**Or  
Phone: 917-504-4262  
917-557-8574**



Broker Contact Sheet  
Medicare Broker Services Department

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Instructions: Please fill out the required information below and send back to [joyhealth@americancapitalhealth.com](mailto:joyhealth@americancapitalhealth.com) or fax: (212-544-2053/212-544-2054

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email ( Very Important:  
Please print clearly) \_\_\_\_\_

Place of Business \_\_\_\_\_

Address to send Products (if  
different from above) \_\_\_\_\_

**Years of Experience**

Have you sold Medicare before? If so, please indicate number of years:

\_\_\_\_\_  
\_\_\_\_\_

Please list the other carriers you will be selling for 2012

\_\_\_\_\_  
\_\_\_\_\_