Appointment Application

Field Marketing Organization (FMO) Channel
United Healthcare Insurance Company and Affiliates

UnitedHealthcare
Medicare Solutions

Type of Request: ☐ New ☑ Change	Please Print or Type: All fields must be complete and legible.

Individual Information

Legal Name (As name appears on Individual Resident State Insurance License)

First: Middle: Last:

Alias/Other Names	Social Security Number	Birth Date

Home Address

City	State	County	Zip

Home Phone	Business Phone	Fax

E-mail Address (required)

Appointment Type: ☑ Individual OR ☐ Corporation	This must match information provided on the Agreement and the W-9.
Mailing Preference: ☐ Home OR ☐ Business	If applying as an individual, but prefer mail be delivered to your business, fill in the Business Address section below.

If applying as a Corporation, [illegible] information is also required. You must be a Principal of the Corporation to apply.

Corporation Name	Principal
AMERICAN CAPITAL HEALTH, INC.	JOY DACOSTA FASCIGLIONE
Corporate Tax ID	**Business Phone**
27-1940782	212-544-2000

Business Address
4500 BROADWAY, SUITE #1, (GROUND FLOOR)

City	State	County	Zip
NEW YORK CITY	N.Y.	NEW YORK	10040-2618

Please list the states for which you are applying for appointment.*	*Must include resident state. *Listing a state does not guarantee appointment for that state. *Must be licensed in each state listed. *All states subject to individual review.

Resident State	Non-Resident States
NEW YORK	NEW JERSEY

Errors and Omissions Coverage

AN ACTIVE POLICY DECLARATION PAGE WITH YOUR NAME LISTED AS THE COVERED ENTITY MUST BE ATTACHED.

Name of Carrier	Expiration Date

Policy #	$1,000,000 per occurrence and $1,000,000 annual aggregate required.