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 Healthplex, Inc.  
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## BROKER REGISTRATION FORM

BROKER INFORMATION			
Last Name	First Name		
Company Name			
Address	City	State	Zip Code
Phone Number	Fax Number	Email	
LICENSE INFORMATION <i>License information must match information given above.</i>			
Broker License Number	SSN/Tax ID Number		
License Expiration Date			
General Agent Affiliation			
NOTES			
<ol style="list-style-type: none"> <li>1. All information provided on this form is for the entity being paid commission.</li> <li>2. Please include a copy of your Broker License if you are not affiliated with Healthplex or with a General Agent of our Company.</li> <li>3. This form must be completed only for your first submitted group with Healthplex, or if you are changing your General Agent affiliation.</li> <li>4. Please notify Healthplex of any changes to the required information.</li> </ol>			
AUTHORIZATION			
Selling Broker Signature	Date		
<p><i>Thank you for your effort in enrolling with Healthplex, Inc. Completion of this form establishes a business relationship with Healthplex and provides the necessary information to process your commissions quickly. If you have any questions, please call our Marketing Department at 800-468-0466.</i></p>			