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BROKER REGISTRATION FORM

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LICENSE INFORMATION <i>License information must match information given above.</i>			
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License Expiration Date			
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NOTES			
<ol style="list-style-type: none"> 1. All information provided on this form is for the entity being paid commission. 2. Please include a copy of your Broker License if you are not affiliated with Healthplex or with a General Agent of our Company. 3. This form must be completed only for your first submitted group with Healthplex, or if you are changing your General Agent affiliation. 4. Please notify Healthplex of any changes to the required information. 			
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