



Broker Registration Form

Thank you for your effort in enrolling this Group with Healthplex, Inc. Completion of this form establishes a business relationship with Healthplex and provides the necessary information to process your commissions quickly. **Please include a copy of your Broker License if you are not already affiliated with our company or with a General Agent of our company.**

This Form must be completed only for your first submitted group with Healthplex or if you are changing your GA affiliation. If you have any questions, please call our Marketing Department at 800-468-0466

Broker Name: _____

Address: _____

City, State, Zip Code: _____ Email: _____

Telephone: _____ Fax: _____

Broker License Number: _____ License Expiration Date: _____

Broker Tax ID Number: _____ SS # _____

General Agent Affiliation: _____

Please notify Healthplex of any changes to the required information.

Selling Broker Signature: _____ **Date:** _____

General Agent Signature: _____ **Date:** _____

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