



**Send Completed Form To:**  
Healthplex, Inc.  
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## BROKER REGISTRATION FORM

### NOTES

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.

### BROKER INFORMATION/INDIVIDUAL

Last Name	First Name
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**- OR -**

### BROKER INFORMATION/AGENCY

Company Name		ContactName	
Address		City	State Zip Code
Phone Number	Fax Number	Email	

### LICENSE INFORMATION *License information must match information given above.*

Broker License Number	SSN/Tax ID Number
License Expiration Date	
General Agent Affiliation	

### AUTHORIZATION

Selling Broker Signature	Date
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*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.*