Agent data sheet.

The Dental Care PLUS GROUP
The plus is service.

Producer Information

The Completion Of All Fields Is Required

Agent: _____ Agency: _____

Phone: _____ Fax: _____ Email: _____

Business Street Address ☐ This is my residence

Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address ☐ Same as Business Street Address

Address: _____

City: _____ State: _____ Zip: _____

Commission Payment Address ☐ Same as Business Street Address ☐ Same as Business Mailing Address

Address: _____

City: _____ State: _____ Zip: _____

License Number: Agent _____ Agency _____

NPN Number: Agent _____ Agency _____

SSN/FEIN: Agent _____ Agency _____

Federally-Facilitated Marketplace User ID: *(If Applicable)* Agent _____ Agency _____

Resident Agent: ☐ Yes ☐ No

General Agent Information (If Applicable)

Agent: _____ Agency: Medlink Inc.

Address: 2001 Lake Point Way

City: Louisville State: KY Zip: 40223

Phone: 502-245-1371 Fax: 502-813-4180 Email: kathy@agent-link.net

Agency TIN: 61-1201382 Resident Agent: ☐ Yes ☐ No

Commissions To Be Paid To

☐ Agent ☐ Agency ☑ General Agent

Who Do You Sell To

☐ Individual ☐ Group ☐ Exchange