Agent registration



Return this form to Agent.Appointments@QuartzBenefits.com with:

- Copy of health insurance licenses
- Health insurance marketplace certificate (if applicable)
- AHIP certificate (if applicable)

2650 Novation Pkwy • Fitchburg, WI 53713 (800) 926-8227 • Fax (608) 643-2564 QuartzBenefits.com

Agent information				
First name	Middle initi	ial L	ast name.	
Date of birth		Social Security Number		
Office phone		Mobile phone		
Email address		Preferred contact method		
Writing Quartz business in: IL IA MN WI (Select all that apply)		National producer number		
Are you a: 🗌 Producer 🗌 Support staff		Job title		
Primary business segment:Individual (on/off exchange)Small group (1-50)Large group (51+)(Select only one)Medicare AdvantageMedicare Select				
Additional business segments: Individual (on/off exchange) Small group (1-50) Large group (51+) (Select all you actively sell) Medicare Advantage Medicare Select 				
Agency details				
Does your agency have an agency contract in place with Quartz? (If no, please attach a copy of the agency's W9 form and E&O Certificate)				
Name of agency		Owner/Principal		
Owner/Principal phone number		Owner/Principal email address		
Licensing contact				
Licensing contact phone number		Licensing contact email address		
Agency address				
City/State/Zip/County				
Agent mailing address (if different than agency address)				
City/State/Zip/County				
Preferred agency general email address				
For office use only				
Date received Agency n	umber		Agent num	ber
Approved Denied By	Date			
Check all that apply: QHBPC 🛛 IL 🗍 WI				
QHPC Medicare Advantage II II VI				

Medicare Advantage