



For every stage of life.

JAR CONTRACT | Preliminary Packet

NEW AGENT INFORMATION

Agent Name: _____ License# _____
 Team Affiliation: PlanSeek Resident State: _____
 Email: _____ Cellphone: _____
 Date: _____

PlanSeek agents: Please select the Medicare health plans you intend to contract under JAR

	Medicare Plan Name	CURRENTLY appointed?	If appointed, what agency?
	Alignment	Yes	
	Anthem / Amerigroup	Yes	
	Aetna	Yes	
	Astiva Health	Yes	
	BlueShield of CA	Yes	
	Brand New Day	Yes	
	Cigna	Yes	
	Clever Care	Yes	
	Central Health	Yes	
	Centene / Healthnet / Wellcare	Yes	
	Golden State	Yes	
	Humana	Yes	
	Imperial Health Plan	Yes	
	LA Care Cal Medi-Connect	Yes	
	Scan	Yes	
	United Healthcare	Yes	

FOR OFFICE USE ONLY

Date: _____ Approved by: _____

COMPLETED:

Date completed: _____

Entered into system by: _____

Agent JAR ID: _____

NOT COMPLETED:

Reason:

____ *Agent did not agree to the terms*

____ *Other* _____