



AGENCY/BROKER INFORMATION SHEET (for Potential New Brokers and/or Agencies)

1. Complete each section completely, use N/A where appropriate.
2. Attach Letter of Intent
3. Return to Donna Huling at donna.huling@deancare.com or Fax to: (608) 827-4152

Agency Name			
Agency Address			
City	State	Zip	Is this agency currently listed with Dean Health Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Fax Number		Website Address
Contact Name		Position	

What is the primary type (or types) of business you write with? (Check all that apply.)

- Individual
 Small Group
 Large Group
 Self Funded

Have you been (or applied to be) a broker for Dean Health Plan in the past? Yes No

If so, please explain why you are not currently with us.

Previous Agency Name			
Previous Agency Address			
City	State	Zip	Phone Number

Note:

*New agents with existing agencies are reviewed quarterly for consideration.
New agencies are reviewed annually for consideration.*

If you have any questions while completing this form contact:

Donna Huling, Administrative Coordinator

donna.huling@deancare.com

Phone: (608) 827-4252