



CIGNA HealthCare

BROKER INFORMATION

Copy of your current license New York New Jersey

Last Name _____

First Name & Middle Initial _____

Company Name _____

Company Address _____

Business Phone & Extension _____

Facsimile Number _____

Home Address _____

Date of Birth _____

Social Security No. or Tax I.D. No. _____

Sub-Licensees _____

Sub-Licensees Date of Birth _____

Sub-Licensees Social Security No. _____

General Agent's Name _____

General Agent's Social Security No. or Tax I.D. No. _____

Commissions paid directly to: Agent General Agent

Mail Commission to: Home Business

If you do not return this information along with a copy of your license, your commissions WILL BE HELD until such information is received.

CIGNA HealthCare
499 Washington Blvd. - 5th Fl.
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Attn: Walter Clark
201-533-7872