



JAR CONTRACT | Preliminary Packet

AGENT INFORMATION

Agent Name: _____ License# _____

Team Affiliation: _____ Resident State: _____

Email: _____ Cellphone: _____

Date: _____

Select Plans intended to contract under JAR:**Medicare Advantage Plans**

SELECT	PLAN NAME	Currently Appointed? YES/NO	If appointed, write name of current agency:
<input type="checkbox"/>	Alignment		
<input type="checkbox"/>	Anthem /Amerigroup		
<input type="checkbox"/>	Aetna		
<input type="checkbox"/>	Astiva Health ^{* New}		
<input type="checkbox"/>	BlueShield of CA		
<input type="checkbox"/>	Brand New Day		
<input type="checkbox"/>	Clever Care ^{* New}		
<input type="checkbox"/>	Central Health		
<input type="checkbox"/>	Centene/WellCare/Health Net		
<input type="checkbox"/>	Golden State		
<input type="checkbox"/>	Humana		
<input type="checkbox"/>	Imperial Health Plan		
<input type="checkbox"/>	LA Care CalMediconnect		
<input type="checkbox"/>	Scan		
<input type="checkbox"/>	United Healthcare		
<input type="checkbox"/>			
<input type="checkbox"/>	Promise Health Plan <small>(only available in 2020)</small>		
<input type="checkbox"/>	Cigna <small>Only available in : AL, AR, AZ, FL, GA, IL, MD, MO, MS, NC, PA, SC, TN, TX</small>		

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 _____