

Aetna Supplemental Contracting Request Form:

If you are interested in contracting with Aetna Supplemental please fill out the information below. Once we receive this form, we will send you an e-mail with a link to complete the contracting online. After you have completed the contracting, you will receive notification of your writing number via e-mail.

Please check the box below if you will be contracting as an individual or agency.

Individual

Agency

First Name: _____ Last Name: _____

SSN: _____ DOB: _____

Email Address: _____ NPN: _____

Address: _____

Resident State: _____ Non-Resident States Requesting: _____

Agency ONLY:

Name: _____ Principal Name: _____

Agency NPN: _____ Agency FEIN: _____

Please send both forms back to Senior Marketing Specialist via fax to 800-878-2025 or e-mail it to contracting@smsteam.net

Contracting Request Form

Please complete the below and return it with your contracting paperwork:

Agent Name: _____

Carrier Name: _____

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N)

If you answered 'yes' to the question above, please complete the below:

2. What date did you contract?

3. How were you contracted (indv. or corp.)?

4. Do you have any downline agents?

5. When was the last time you or your downline (if applicable) wrote a piece of business?
