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**Data Sheet**  **Date Submitted:**      **\_\_**

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| **Personal Information** |
| Full Name:      \_Nickname/Name you prefer to use –      \_\_  Primary E-mail address:\_      \_\_  Street Address      \_City \_     \_ State \_     \_\_\_ Zip Code  Mailing Address if different than above  Street Address \_     \_\_\_\_\_\_\_\_ City      \_\_\_ State \_     \_\_ Zip Code  Home Phone    -   -     Cell Phone    -   -     Which # is primary?    -   -     Birthdate MM/DD/YY:    /   /  Please list any dates you know that you will NOT be available for the remainder of this calendar year:      \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Credentials** |
| Please list all current Health & Life Insurance licenses by State. You ***must*** include the expiration date for each license. If you do not have enough room, please include an attachment list with all the required information:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_  For licensed individuals, do you have an FMO with any agency and if so please provide the FMO with whom you are associated.      \_.  Are you now, or have you ever been, directly contracted with UHC under an ICA agreement? (Please select Y/N to fill in)  (Individual Contractor Arrangement) – Yes  No.  If yes, is your arrangement current? Yes  No. If expired please provide end date: \_\_     \_  Please list active NASD Licenses.      . Professional Designations?      *.*  Please provide us with the year that you entered the *applicable* industry. Group Health:      Medicare  Retirement Plans 401k: |
| **Languages** |
| Are you fluent in any language other than English? If so, what language(s)? |
| **Equipment** |
| Do you have a laptop or compatible tablet with PowerPoint installed that you can use for assignments? Yes  No .Do you have a projector? Yes  No |
| **Emergency Contact** |
| In the event of an emergency who can we contact? Name:      \_Phone#    -   -     Relationship |