## **First Sierra Marketing Assistance Program**

## **Quick Start Request Form**

| AGENT NAME:                  |                                    |  |  |  |  |        |                               |  |  |  |
|------------------------------|------------------------------------|--|--|--|--|--------|-------------------------------|--|--|--|
| AGENT PHONE:                 |                                    |  |  |  |  |        |                               |  |  |  |
| AGENT EMAIL:                 |                                    |  |  |  |  |        |                               |  |  |  |
| QUALIFIED CARRIER CONTRACTS: |                                    |  |  |  |  |        |                               |  |  |  |
|                              | ☐ Alignment ☐ Anthem ☐ Blue Shield |  |  |  |  |        | ☐Brand New Day ☐Golden State  |  |  |  |
|                              | □ Humana □ SCAN □ Stanford         |  |  |  |  | ınford | ☐ UnitedHealthcare ☐ Vitality |  |  |  |
| ZIP CODES:                   |                                    |  |  |  |  |        |                               |  |  |  |
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DATE

Return this request form along with all other required documents by fax (877) 315-3099 or via secure upload at www.myseniorsales.com .

Thank you for placing your Medicare health insurance business with First Sierra.

AGENT SIGNATURE

<sup>\*\*</sup>By signing, you agree to the terms and conditions of the program and that all marketing must be conducted in compliance with all applicable federal and state laws. Typing your name is equivalent to a handwritten signature. \*\*