



Harvard Pilgrim Health Care – Broker Application

Please type or print your answers. Use a separate answer sheet if necessary.

Broker Information

1. Name of Firm: _____

2. Principal Address: _____

3. Mailing Address (if different from above): _____

4. Telephone: _____ Fax: _____

5. Email: _____

Primary Contacts

Name	Title	NPN	Email

Line of Business Selling

Large Group Small Group Individual (On and off Exchange) ICHRA

Upon receipt of this completed application, our Broker Relations Team will provide you with the rest of the paperwork required to complete the on-boarding process.

I verify that the information contained herein is true and that I am a licensed health insurance broker in good standing with the regulatory authorities. Please direct any questions to Broker Relations at (800) 424-7285.

Mail the completed form to Broker Relations, Harvard Pilgrim Health Care, 1 Wellness Way, Canton, MA 02021 or email to Broker_Relations@point32health.org.

Signature: _____ Date: _____