

Broker Registration Form

Thank you for your effort in enrolling this Group in the LIA Health Alliance. Completion of this form establishes a business relationship with the LIA Health Alliance and provides the necessary information to process your commissions quickly. Please follow HIPAA guidelines with respect to the protected health information that is provided on the enrollment forms. Please include a copy of your Broker License, if you are not affiliated with a LIAHA General Agent. If you are affiliated with a LIAHA General Agent, please submit a copy of your license to that General Agent.

If you choose to have your commissions electronically transferred, please check yes ___ or no ___.

If yes, please complete Section B and submit a voided check to validate the bank and account number that is to receive the transfer (payment). This technology expedites the payment process, reduces your administrative efforts and allows you to use bank statements to simplify your record keeping.

Section A	
BROKER NAME:	
Address:	
City, State, Zip:	BROKER E-MAIL:
Telephone:	Fax:
Broker License Number:	Tax ID Number:
General Agent Affiliation:	

Section B
Bank Name:
Bank Account Number:

*Please notify the Alliance of any changes to the required information in Sections A & B.
 Call 1-800-LIA-5513 with that new information.*

This Form must be completed only for your first submitted group with the LIA Health Alliance or if you are changing your GA affiliation.
If you have any questions, please call the LIA Health Alliance Enrollment Line at 1-800-LIA-5513.

Selling Broker Signature: _____ **Date:** _____

General Agent Signature: _____ **Date:** _____