



**Broker Referral Prospect Form
Sales Representative Requested:**

Please email to:

- Alan.Elchami@avmed.org
- Katy.Robles@avmed.org
- Laura.Buitrago@avmed.org
- Yahoska.Perez@avmed.org

THIS SECTION TO BE COMPLETED BY BROKER

Prospect's Name: _____

Address: _____ **Telephone** _____

Other Comments: _____

Broker's Name: _____ **Telephone** _____

Email: _____ **Broker License #** _____

- | | YES/NO |
|--|--------|
| 1. This prospect was developed during the normal course of business by the broker. | Y N |
| 2. This prospect is a current client of the broker | Y N |
| 3. This prospect initiated contact with the broker | Y N |
| 4. This prospect was recently retired from a group plan represented by a broker. | Y N |

Company's Name _____

Carrier _____

5. Other Comments: _____

The broker listed above confirms that this reference was the direct result of the activity checked above, and attests that there was no outbound telemarketing or other unsolicited contact.

Broker Signature _____ Date _____

Sales Representative requested: _____