



Broker Contact Sheet  
Medicare Broker Services Department

**Instructions:** Please fill out the required information below and send back  
to [dvalcarcel@genesisbusinesscapital.net](mailto:dvalcarcel@genesisbusinesscapital.net) or

**Fax: (866) 548-1152**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email ( Very Important:  
Please print clearly) \_\_\_\_\_

Place of Business \_\_\_\_\_

Address to send Products (if  
different from above) \_\_\_\_\_

**Years of Experience** \_\_\_\_\_

Have you sold Medicare before? If so,  
please indicate number of years \_\_\_\_\_

Please list the other carriers you will  
selling for 2012 \_\_\_\_\_