FMO Relationship Hierarchy Addendum

UnitedHealthcare Medicare Solutions

THIS IS A WRITABLE FORM*

Please type in the information below. Use the Tab key to move through the fields

Please complete and attach this page for all producer transactions.	
☐ Onboarding ☐ Change in Hierarchy ☐ Add Appointment State(s)	Client Reference # (If Applicable)
FMO Name/Entity **Premier Senior Marketing Inc**	FMO# **620000**
SGA Name/Entity	SGA#
MGA Name/Entity	MGA#
GA Name/Entity	GA#
Agent Name	AGT#
Solicitor Name	SOL#
FMO Signature	Date

Check the following appointment level:

☐ FMO ☐ SGA ☐ MGA ☐ GA ☐ AGT ☐ SOL

Please appoint to the following states (check all that apply):

☐ AK	☐ AL	☐ AR	☐ AZ	☐ CA	☐ CO	☐ CT	☐ DC	☐ DE	☐ FL
☐ GA	☐ HI	☐ IA	☐ ID	☐ IL	☐ IN	☐ KS	☐ KY	☐ LA	☐ MA
☐ MD	☐ ME	☐ MI	☐ MN	☐ MO	☐ MS	☐ MT	☐ NC	☐ ND	☐ NE
☐ NH	☐ NJ	☐ NM	☐ NV	☐ NY	☐ OH	☐ OK	☐ OR	☐ PA	☐ RI
☐ SC	☐ SD	☐ TN	☐ TX	☐ UT	☐ VA	☐ VT	☐ WA	☐ WI	☐ WV
☐ WY	Territories:	☐ USVI	☐ PR	☐ Guam	☐ American Samoa				

For Internal Use: Broker Sales Review (FMO and SGA only)	
UHC Authorization	Date
Print Name	

PLEASE SEND THIS DOCUMENT TO:
EMAIL: uhpcred@uhc.com • **Fax:** 1-888-205-7375