

| Plan Contracted Marketing Organization Information Sheet |                                                    |                             |                |      |       |          |              |                                     |               |
|----------------------------------------------------------|----------------------------------------------------|-----------------------------|----------------|------|-------|----------|--------------|-------------------------------------|---------------|
| Compensation Structure: Unique Identifying number        | Number of agents covered by compensation structure | Marketing Organization Name |                |      |       |          |              |                                     |               |
|                                                          |                                                    | Full Name                   | Street Address | City | State | ZIP Code | Contact Name | Contact Phone # (include area code) | Contact Email |
|                                                          |                                                    |                             |                |      |       |          |              |                                     |               |
|                                                          |                                                    |                             |                |      |       |          |              |                                     |               |
|                                                          |                                                    |                             |                |      |       |          |              |                                     |               |

| Writing Agents Information Sheet                     |                                                    |
|------------------------------------------------------|----------------------------------------------------|
| Compensation Structure:<br>Unique Identifying number | Number of agents covered by compensation structure |
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## **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0964**. The time required to complete this information collection is estimated to average **49 hours per response**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.