Fidelis consultants

NEVADA

INSURANCE PRODUCTS & COMPANIES

Medicare Supplements
- ☐ Aetna
- ☐ Americo Financial
- ☐ Bankers Fidelity
- ☐ Cigna Medicare
- ☐ Equitable Life & Casualty
- ☐ Guarantee Trust Life
- ☐ Liberty Bankers Life
- ☐ Medico
- ☐ Mutual of Omaha
- ☐ National General
- ☐ Pan-American Life
- ☐ Prosperity Life Group
- ☐ Renaissance Life
- ☐ Standard Life
- ☐ Transamerica
- ☐ United American Insurance
- ☐ UnitedHealthCare
- ☐ National Guardian Life
- ☐ Capitol Life

Medicare Advantage
- ☐ Aetna
- ☐ AllWell
- ☐ Anthem Blue Cross
- ☐ Humana
- ☐ UnitedHealthCare
- ☐ Lasso

Individual Health
- ☐ Ambetter ACA
- ☐ Friday Health

Health Share
- ☐ Aliera
- ☐ Medi-Share
- ☐ OneShare Health

Travel Insurance
- ☐ International Medical

Final Expense
- ☐ Aetna
- ☐ American Amicable
- ☐ American General
- ☐ Cigna Medicare
- ☐ Equitable Life & Casualty
- ☐ Foresters
- ☐ Gerber Life
- ☐ Great Western Insurance
- ☐ Mutual of Omaha
- ☐ Prosperity Life Group
- ☐ Royal Neighbors
- ☐ SureBridge
- ☐ United Home Life

Cancer/Critical Illness
- ☐ Aetna
- ☐ Cigna Medicare
- ☐ Guarantee Trust Life
- ☐ Life Secure
- ☐ Medico
- ☐ Mutual of Omaha
- ☐ Standard Life
- ☐ SureBridge
- ☐ United American Insurance
- ☐ Assurity Life

Life & Annuities
- ☐ North American
- ☐ United Life Insurance
- ☐ Assurity Life Insurance
- ☐ Protective Life
- ☐ Fidelity and Guaranty Life
- ☐ Lincoln Financial Group
- ☐ Principal Life

Long Term Care
- ☐ Life Secure
- ☐ Mutual of Omaha

Prescription Drug Plans
- ☐ Aetna
- ☐ Anthem Blue Cross
- ☐ Humana
- ☐ Silver Script
- ☐ UnitedHealthCare

Dental Plans
- ☐ Ameritas
- ☐ dentalplans.com
- ☐ Medico
- ☐ Mutual of Omaha
- ☐ Renaissance Life
- ☐ Spirit Dental
- ☐ SureBridge
- ☐ National Care Dental

Hospital Indemnity
- ☐ Aetna
- ☐ Cigna Medicare
- ☐ Equitable Life & Casualty
- ☐ Guarantee Trust Life
- ☐ Heartland National
- ☐ Life Secure
- ☐ Medico
- ☐ Safeguard Health
- ☐ Standard Life
- ☐ SureBridge
- ☐ United American Insurance

Short Term Health
- ☐ National General
- ☐ Pivot Health
- ☐ The IHC Group
- ☐ United Health One

New Agent Contracting Request Form (Please mark all that apply above)

☐ I am an Independent Agent ☐ Sub Agent with an Agency ☐ Agency with _____ agents

Name of Agent _____ Name of Agency _____

Email _____ Phone# _____

Send all documents including this form to contracting@fidelisins.com