



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association



BROKER PROSPECT REFERRAL FORM

Instructions: Complete All of the Sections Below, and Fax to:

FLORIDA HEALTH CARE PLANS
Sales & Marketing Department
Fax: (386)-676-7119

Prospect Information:

Prospect Name:	Date:

Street Address/City/State/Zip:	Phone Number:

Broker Information:

Broker Name:	Broker Email Address:

Broker Address/City/State/Zip:	Phone Number:

Appointment Tracking: (Check All That Apply)

- 1. This prospect is a current client of the Broker
- 2. This prospect was referred to the Broker by a friend or relative
- 3. This prospect was developed during the normal course of business by the Broker
- 4. Other: _____

Broker's Signature: _____