



**MEDICARECART**  
SHOP. QUOTE. ENROLL.

# Setup Form

Name

NPN

Agency

EIN

Email

Phone

Please select the carrier(s) you would like made available in your account.  
Please note: You must be contracted and currently active under Western Marketing for each carrier you choose. **Active carrier contracts will be verified before added to your account.** If not currently contracted under Western Marketing - please see 2nd page.

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Aetna

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Anthem

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Cigna

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EnvisionRx

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Humana

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Medica

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Molina

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Mutual of Omaha

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UnitedHealthcare

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WellCare

Please select the state(s) you would like made available in your account for potential sales.  
Select all that apply. Please note: you must be actively licensed with the state DOI and ready to sell in each state you choose. **Active licenses will be verified before added to your account.**

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Once your account has been setup to your preferences chosen above, we will contact you directly with your login info, etc. Please reach out to your Health Marketer at **800-852-7152** with any questions you may have in the meantime.

Signature

Date



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## New Contract Requests / Intent to Transfer Contracts

You must be contracted under Western Marketing for each individual carrier you would like to utilize within Medicare Cart. If you are currently contracted under Western Marketing with any of these carriers, please select which ones you want added to your Medicare Cart account in the first column. If you are not currently contracted with a carrier(s) but would like to be, please indicate in the second column below. If you ARE currently contracted under another IMO for a carrier(s) and would like to move your contract to Western Marketing, please indicate in the third column below. **Please note: most carriers will require a signed release from your current upline before they will allow you to move your contract to Western Marketing.** Please reach out to your Marketer for a release form, if needed.

	<b>I am currently contracted under WMA - please add to my Medicare Cart account.</b>	<b>I am NOT currently contracted with this carrier - please contract me.</b>	<b>I am contracted under a different upline, but will obtain a release to move to WMA.</b>
Aetna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EnvisionRx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual of Omaha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WellCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please return this completed form to:**

**Email: [Licensing@wmacorp.com](mailto:Licensing@wmacorp.com)**

**Fax: 888-507-1861**

**Mail: Western Marketing  
ATTN: Medicare Cart  
318 W. Huron Street  
Missouri Valley, IA 51555**