

Multi-SAN/Location Request Form

Use this form to request a new Humana System Assign Number (SAN) for a location associated with your current contract and Tax ID Number (TIN/FEIN).

1. Current Agency Information: (Please print)

Agency Name

Agency Tax ID/FEIN #

SAN (Primary)

2. New Location Information: Please print

New Location Name	
Contact Person	
Business Address	
Shipping Address (Cannot be a PO Box)	
Phone Number	
Fax Number	
E-Mail Address	
Bank Information	The bank information for direct deposit use will be copied from the original SAN. The authorized person from the new location/SAN can modify this on humana.com

3. Writing Agent to Affiliate to Newly Created SAN/Location:

Writing Agent Name (Please print)

SAN

- The business address for the above writing agent will be modified to match the business address of the new location/SAN (if different).
- If the above writing agent wants commissions to pay to the newly created SAN/location, a Delegated Commission Assignment Form must be submitted.

4. Submit this completed form to

Email: Agencymgt@humana.com (Use E-mail Subject line: **Lic Multi-location**)

Fax: (920) 339-2160

If you have any questions, please contact Agency Management at (855) 330-8128.