



Agent Information Form

Date: _____

Agent Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

AOI Membership Number: _____

Tax ID Number: _____

Agent Signature: _____

Please sign, attach a copy of your agent license as well as proof of E&O coverage and fax to:

AKT Benefit Advisors
AOI HealthChoice Sales and Marketing
Fax (503) 539-8399

You may also mail forms to:

Associated Oregon Industries
1149 Court Street NE, Salem, OR 97301