

HTA Referral Program

Advisor/Agent Statement of Understanding

HTA's Client Services Team offers personalized, confidential and professional customer service to your referred clients who are in need of a Medicare Supplement and/or Medicare coverage. Our trained and licensed representatives will educate and guide your clients through this process to their enrollment in Medicare.

Product Discussion Authorization:

Our representatives will only discuss the topics authorized by the referring advisor and will send them back to the referring advisor for any other questions or concerns.

Please initial next to the products that you authorize HTA to speak about (when appropriate):

_____ Medicare Supplements/ Medicare Advantage/Medicare Rx plans

_____ Individual Dental and Vision

_____ Short Term Care (small simplified issue Long Term Care policies)

_____ Under age 65 Health Insurance (coming soon)

You are also welcome to work with HTA's other Client Services Teams.

Please initial below if you would also like to utilize these services.

_____ Long Term Care*

_____ Life Insurance*

***Referral fees vary depending on product, contact HTA to discuss compensation.**

How to refer a client:

Please have your clients call the HTA Client Services Team at 610-430-6650, select Option 1. HTA's experienced representatives will walk them through the intake process, gather information and schedule a phone appointment to have your client speak directly to a Medicare Insurance Specialist. If your client is looking for a Medicare Rx Plan, please ask them to have their medications handy for the intake call. **HTA requires the client to make the initial contact to HTA. Due to CMS restrictions, HTA reps will only call clients after they have made initial contact.**

New for 2017:

At HTA, we are mindful of the struggles that our loved ones and our senior communities are facing. Therefore, we have decided to support the following charities and are asking you to join us in the fight for a cure!

In lieu of a referral fee, HTA will make a small donation to your indicated charity for each referred client.

Please initial next to your preferred cause for charity donation:

_____ Alzheimer's

_____ Brain Tumor

_____ Multiple Sclerosis

_____ Breast Cancer

OR

_____ **I wish to be grandfathered and continue to have HTA pay a referral fee directly to me/my company as indicated in the previously signed referral fee agreement.**

The referring advisor/agent can be assured HTA's Client Services Team always has the client's best interests in mind throughout the process. HTA is looking forward to being your Trusted Resource for all your clients' Medicare needs!

Referring Advisor Signature: _____ Date: _____

Please call HTA with questions: 610-430-6650

Email completed form to Kathy Bretzel at kbretzel@htafinancial.com or Fax to 610-430-6652