



Centene Medicare Broker Web Site Account Registration

To ensure the security and protection of your Web Account, Medicare Broker Services requests the original broker completes their own form.

User Name* (email only) _____

Please complete the following information:

National Producer # (NPN) _____

Broker Name _____

Address Line 1 _____

Address Line 2 _____

City, State & Zip _____

Phone # _____

Tax ID # _____

Upline Name: _____

*Email is required to receive an online Medicare Broker Web Site account and will be your user name.

** If you have more than one license, use the state you primarily sell in.

Please print and sign your name below, then **fax or email** this completed form to Medicare Broker Services at:

Email: medicarebrokerservices@centene.com

Fax: 800-309-0595

You will receive an email with a link to complete your Web registration within 2 business days.

Printed Name: _____

Signature: _____

Date: _____

If you do not receive an email back from Medicare Broker Services within 2 business days, please contact us directly at:

(844) 202-6811

Mon - Fri 9:00 am - 5:00 pm (each time zone)

Privacy Statement: Centene complies with all requirements of the Federal Gramm-Leach-Bliley Act of 1999. When you conduct business with, for, or on behalf of Centene, you must comply with all confidentiality laws and regulations and take steps to maintain the security of the personal information about Centene's Insureds. Failure to act in accordance with the above could result in a breach of your contract, explicit or implied, with Centene: and/or violation of federal and state law.