



Creating A CompBenefits Web Page

Agency Contact Information

Agent Number:			
Agency Name:			
Address:			
Line 2			
Line 3			
City:			
State:		Zip:	
Phone:		Fax:	
e-mail:		URL:	
Web Page Introduction: (Provide description of services and experience.)			

Desired Service Area: (States in which you are appointed by CompBenefits under this agent number.)	
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Please fax this request to Mayra Loynaz at (305) 269-2106.
 Requests also may be submitted via phone to Ms. Loynaz at (305) 262-1333
 Inquiries and requests also may be sent via email to mayra.loynaz@compbenefits.com

For Internal Use Only	
<i>To be completed by sales office:</i>	<i>To be completed by I.T.</i>
Office location: _____	Date Received: _____
Sales Office Contact: _____	Site Activated: _____
Agent Appointed (Y/N) _____	Agent Notified: _____
Forwarded to I.T.	