



AGENT LEAD DATA SHEET: LIVE-CALL TRANSFER LEADS

(Must be approved and signed-off by OIG Director or Manager)

- Agent name: _____

- Phone number: _____

- Email address: _____

- Physical address: _____

- City/State(s) you wish to receive Live-Call Transfer Leads from:
 - _____ ○ _____
 - _____ ○ _____
 - _____ ○ _____

- Medicare carriers you're currently appointed/RTS with under OIG:
 - _____ ○ _____
 - _____ ○ _____
 - _____ ○ _____

- Days & times you're prepared & available to receive transfer calls:
 - _____
 - _____
 - _____
 - _____

Attestation by OIG Management

I have vetted this agent and find he/she is capable of and prepared to proceed with the Live-Call Transfer lead program. They are aware of the requirements and have completed and signed the agent attestation.

Name of Manager

Date

Signature of Manager