



ONE SOURCE / AFLAC

NAME: _____

NMLS: _____

COMPANY NAME: _____

NMLS: _____

ADDRESS: _____

CITY: _____ STATE: _____ PH: () _____

EMAIL: _____

ORGANIZATION: Hawaii Association of Mortgage Brokers

I AM INTERESTED IN THE FOLLOWING BENEFITS:

___ MEDICAL PLANS

___ DENTAL PLANS

___ VISION PLANS

___ DRUG PLANS

___ PAYROLL/W2

___ ACCOUNTING

___ WORKMANS COMP

___ LIFE

___ RETIREMENT

**OTHER: _____

Please email this form to: catsa@hamb.org