

Choice Health Insurance Corrective / Verbal Action Form

Agent / Client Information

Agent:

Client Name:

Plan Sold:

Application Date:

Phone:

Summary of Finding

Detailed Description of Corrective / Verbal Action Completed

Method / Confirmation of Completion

Corrective action completed by: _____

Position / Title of person listed above: _____

Signature: _____ Date: _____

Agent Signature: _____ Date: _____