Download Request form

TAB TO AUTOMATICALLY GO TO THE NEXT FIELD

Date: _____

Agency Name: _____

Agency Code: _____

State Agency is located in: _____

Management system used: *_____

Version: *_____

IVANS Y Account: *_____

IVANS User ID: *_____

** To obtain this information, please contact your Agency management system provider.

Agency Contact person: _____

Contact Email: _____

Contact Phone: _____

Do you want initial download? ◯ Yes ◯ No

Do you want Direct Bill Commission downloads? ◯ Yes ◯ No

(MUST BE ON EFT COMMISIONS FOR THIS OPTION)

Once complete please save and send to ptssupport@hoaic.com, if you have questions or concerns please contact your Marketing Rep.