

Network Health Plan / Network Health Insurance Corporation Change of Agency Form

SECTION 1. AGENCY INFORMATION

Please state agency name and address *exactly* as it appears on file with IRS. Delays in commission payments could result if Update Form is not completely filled out.

Please use full legal name of agency. Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions. (This is the location where commissions will be mailed)					
Agency:			Tax ID #:		
Address:			P.O. Box:		
City:	State:	Zip:	County:	Phone No: ()	
			Fax No: ()		

SECTION 2. AGENT INFORMATION

Agent Name:		D.O.B.	Agent license number and State acquired in:		
			#: _____ State: _____		
Please check appropriate item: Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> (Please identify): _____					
Business Physical (& Mailing) Address:		PO Box:		Please designate State in which you are requesting appointment: _____	
				Are you a resident of this state? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City:	State:	Zip Code:		County:	
Phone No: ()			Fax No: ()		
E-Mail address:					
Resident Mailing Address:				Resident County:	
Resident City:		State:		Zip Code:	
Resident Phone No: ()					
Social Security and/or Federal Tax I.D. number:					
*NOTE: the above information is required for identification purposes only, and is in no manner used as qualifications for agent appoint. NHP/NHIC is an equal opportunity employer and does not discriminate based on sex, race, religion, age (40 and over), handicap or National origin.					
** Website: Do you or your agency have a website? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the website address: _____					
**The definition of advertisement for health insurance has been revised to specifically include electronic communications, including the Internet, web pages and computer presentations, per OCI Wis. Admin. Code § Ins. 3.27(27) and 3.27(28)					