

Network Health Plan / Network Health Insurance Corporation Application for Appointment

SECTION 1. AGENCY INFORMATION

Please state name and address *exactly* as it appears on file with IRS. This application cannot be processed unless all materials have been answered and attached. Copy of license required. **(Please print, and fill in both sides of application)**

Full legal name of agency being appointed. 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:	Phone No: ()		
			Fax No: ()		

SECTION 2. AGENT INFORMATION

Agent Name:		Agent license number and State acquired in:			
		#:		State:	
Please check appropriate item: Corporation <input checked="" 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:	
				D.O.B:	
Phone No: ()		Fax No: ()		E-Mail address:	
Resident Mailing Address:				Resident County:	
Resident City:			State:		Zip Code:
Resident Phone No: ()					
Previous address if you have lived at your current address for less than 2 years:				How long at that address?	
Driver's license number :			Social Security and/or Federal Tax I.D. number:		
*Maiden name or other names used:			*Race:		*Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
*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)					

SECTION 3. AGENT QUALIFICATIONS

1. Have you ever been convicted of a felony involving fraud or deceit?		
No <input type="checkbox"/> Yes <input type="checkbox"/> if yes, explain:		
2. Has your agent's license ever been suspended, revoked, or terminated?		
No <input type="checkbox"/> Yes <input type="checkbox"/> if yes, explain:		
3. Are you currently involved in an insurance department hearing?		
No <input type="checkbox"/> Yes <input type="checkbox"/> if yes, explain:		
4. Do you have Errors and Omissions Coverage?		
No <input type="checkbox"/> Yes <input type="checkbox"/> if yes, Carrier Name:	Policy No:	Rec'd Date:

Fair Credit Reporting Act: Public law 91-508 requires that we advise you; a routine inquiry may be made which will provide applicable information concerning character/personal characteristics, general reputation, and mode of living. Upon written request, additional information and scope of the report, if one is made, will be provided. I understand that NHP/NHIC is not and shall not be liable to me nor shall liability to me be implied for any of the obligation owed to me by the agent/agency to which I am appointed. I understand that all commissions are payable to the agency/agent listed above. Sub-agent commissions are assigned to agency listed above. My compensation and/or reimbursement for expenses, if an, is strictly and solely the matter between the agency/agent listed above and myself; and under no circumstances whatsoever shall I have any claim against NHP/NHIC for compensation, commissions, expenses or any other payment. I agree to be bound by and to abide by the terms and conditions which exist under the agent agreement entered into between the agent/agency to which I am appointed and NHP/NHIC.

NHP/NHIC shall have the right to enforce the agent agreement, which exists between the agent/agency and NHP/NHIC as against me directly and may proceed against me directly. I understand that NHP/NHIC reserves the right to terminate my appointment. I agree that this application for employment and any subsequent appointment only pertains to the NHP/NHIC company or companies for which the agent/agency to which I am appointed has an agent agreement in effect. I hereby authorize NHP/NHIC and/or its agent to make independent investigation of my background, references, character, past employment, education, criminal or police records including those maintained by both public and private organizations and all public records of the purpose of confirming the information contained on my application and/or obtaining other information which may be material for my qualification for appointment.

I release NHP/NHIC and/or its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I, the application or individual on behalf of an agency applicant, acknowledges that I have personally read, understood and completed this application. I certify that all information that I have provided is true and correct to the best of my knowledge. If an agency is applying, the agency warrants and certifies that the individual signing on the agencies behalf is authorized by the agency to complete and sign this agreement.

<u>Print Name as it appears on your Department of Insurance License</u>	<u>Signature as it appears on your Department of Insurance License</u>	<u>Date</u>
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