

Health Insurance Innovations

Producer Appointment Checklist Health Essential Limited Medical Plan

The following are required for appointment. When completed, documents can be e-mailed to Tim@NatBenCo.com or fax to Tim Noel at 720-488-9893.

1. Signed copy of Producer Commission Addendum (include name of MGA)
2. Completed and sign copy of Agent Profile (Fairmont Specialty Group)
3. Completed and signed Direct Deposit Agreement with copy of voided check
4. Completed W-9 Form
5. Enclose a copy of current insurance license(s) for each state requested

Submitted By: _____
(please print)

Date: _____

Do you have questions about the appointment process?

Tim Noel
National Benefits Consultants
7395 E. Peakview Ave.
Centennial, CO 80111

Phone: 720-488-9892 or 800-530-8646
Fax: 720-488-9893

E-Mail: Tim@NatBenCo.com



**Health Insurance Innovations
Agent Commission Addendum**

**Health Essential: New Business 28%
Renewal 8%**

The Agent commission listed above is payable based on issued collected premiums, minus administration or enrollment fees and refunds; and for applications received and issued after the effective date of this Agent Commission Addendum.

Agent:
By: _____ Title: _____ Date: _____

Health Insurance Innovations
By: _____ Title: _____ Date: _____

Complete the following information:

E-Mail: _____ Company Name: _____
Tax ID (If commissions are to be paid to a corporation.): _____
Name: _____ Social Security #: _____ Address: _____
City: _____ St: _____ Zip: _____ Insurance License number: _____ States Licensing: _____

Assignment of Commission Request

Only complete the following if you want HII to pay your commissions to a Corp., Agency or another Agent

I _____ HII Code#: _____ hereby assign to assignee _____ all of my right, title, and interest in commissions and/or renewals to which I am now entitled or become entitled, under existing contracts and agreements, hereafter entered into by and between myself and Health Insurance Innovations. I hereby authorize and empower Health Insurance Innovations to pay assignee all commissions and renewals now due or which may accrue under said contracts for a period of one year from this date and thereafter until such time as I terminate this assignment by written notice to Health Insurance Innovations. I agree that such payments of commissions under my contract, the same as if payment was made directly to me. I hereby agree that I am the absolute and sole owner of said commissions, free from prior assignment. I hereby have full right and lawful authority to sell and transfer the name.

Name: _____ Address: _____
Date: _____ Tax ID: _____
Signature: _____

MGA Assignment

MGA/GA Name: _____ Agent Code: _____ email: _____

AUTHORIZATION FOR A DIRECT DEPOSIT TRANSACTION

Please be sure you complete all 4 steps

Merchant ID# _____

Step 1: Customer Information

Company Name _____

Contact Full Name _____
Last First Middle

Company Address _____
Address City State Zip

Work Phone (____) -- ____ -- _____

Step 2: Bank Account Information

Bank Name _____

Address _____

Routing Number _____
(Must be 9 Digits)

Account Number _____ X

Type of Account Checking Savings

Note: Attach a voided check from your checking or savings account over the word "VOIDED CHECK" .

Step 3: Authorization Signature (s)

Signature of Authorizer _____ Date ____/____/____

Printed Name of Authorizer _____

Step 4: Mail / Faxing Authorization Agreement

Mailing Address _____ Fax Number _____ Authorized Agent _____

I am signing up for a direct deposit plan. I agree Administrative Concepts, Inc. or its authorized agent may transfer funds to the above referenced account on a monthly basis. I can cancel this automatic deposit at any time by calling or writing to Administrative Concepts, Inc. or its authorized agent. I agree that Administrative Concepts, Inc. or my financial institution can cancel automatic payment for my account for any reason, at any time, with or without prior notice to me. I acknowledge that the origination of these deposits to my account must comply with U.S. laws. I agree that this agreement remains in effect until canceled by Administrative Concepts, Inc. my financial institution or me. I have a copy of this agreement and I know I can also contact Administrative Concepts, Inc. or its agent for a copy.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

| | |
|--|---|
| Name (as shown on your income tax return) | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | |
| List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|---|
| Social security number : : : |
| or |
| Employer identification number : : : |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,