

Anthem BlueCross BlueShield

Licensed Only Agent

Contracting Checklist

Complete and sign the following items.

- **Completed & Signed Application for Appointment (2 pgs)**
- **Personal Data Sheet (2 pg)**
- **MA & Part D Addendum (1 pg)**
- **Copy of Your Insurance License**
- **Copy of your E&O**

Fax Completed Signature Pages to: (417) 877-1336

Any Questions? Please call us at... (800) 647-0724

Osborn & Associates

3444G S. Campbell Avenue

Springfield MO 65807-5102

Please read and fill out the entire contract and make personal copies.

Thank You for your business!

Health | Life | Group | Medicare | Long Term Care | Annuities



MISSOURI AGENT/AGENCY APPLICATION FOR APPOINTMENT HEALTH AND DENTAL

Application Type <input type="radio"/> New Agent Appointment <input type="radio"/> New Agency Appointment <input type="radio"/> Add Agent(s) to Existing Agency <input type="radio"/> Existing Agent Move Agent/Number _____ <input type="radio"/> Book of Business Transfer RSM _____ Ace Designation _____ Management _____ Approval _____ *****OFFICE USE ONLY*****
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Section 1. Agency Information (Please Print)

Please state name and address exactly as it appears on file with the IRS

Full name of Agency Please note that the name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.		Federal Employer Identification Number (Tax I.D. Number) OR Social Security Number that corresponds to legal number as provided.	
AGENCY PRINCIPAL NAME	PLEASE CHECK APPROPRIATE ITEM:	<input type="radio"/> Individual/Sole Proprietor <input type="radio"/> Corporation	<input type="radio"/> Partnership <input type="radio"/> Other (please identify)
BUSINESS MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE NO.	FAX NO.	E-MAIL ADDRESS	WEBSITE ADDRESS
PHYSICAL BUSINESS ADDRESS (if different from mailing address)			

Section 2. Writing Agent Information

Full name of Writing Agent Please note that the name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.		Social Security Number that corresponds to legal number as provided.	
BUSINESS MAILING ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH	PHONE NO.	FAX NO.	CELL PHONE NO.
GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE		E-MAIL ADDRESS	
PHYSICAL BUSINESS ADDRESS (if different from business mailing address)			
CITY		STATE	ZIP CODE
RESIDENTIAL MAILING ADDRESS (IF APPLICABLE)			RESIDENT COUNTY
RESIDENT CITY		STATE	ZIP CODE
RESIDENT PHONE NO. ()	RESIDENT FAX NO. ()	ARE YOU A RESIDENT OF THIS STATE? <input type="radio"/> YES <input type="radio"/> NO	
MAIDEN NAME OR OTHER NAMES USED			

In most of Missouri: Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Section 3. Writing Agent Qualifications

- | | | |
|---|---------------------------|--------------------------|
| 1. Have you ever been convicted of a crime or misdemeanor involving dishonesty, fraud, deceit, perjury, misrepresentation, a violation of 18 U.S. C.A. # 1033 or moral turpitude? | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Have you been denied or had a license revoked or suspended in any state for the purpose of selling insurance securities? | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Has any disciplinary action ever been taken against you pertaining to the sale of insurance or securities? | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Have you ever been involved in an investigation with any state insurance department? | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Have you ever had your appointment terminated by another insurance company for any reason for other than lack of production? | <input type="radio"/> Yes | <input type="radio"/> No |

If you answered Yes to any question above, please attach an explanation.

Fair Credit Reporting Act: Public law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information and scope of the report, if one is made, will be provided.

I understand that Anthem Blue Cross and Blue Shield 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. My compensation and/or reimbursement for expenses, if any, is strictly and solely a matter between the agency/agent listed above and myself, and under no circumstances whatsoever shall I have any claim against Anthem Blue Cross and Blue Shield 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 Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield shall have the right to enforce the agent agreement which exists between the agent/agency and Anthem Blue Cross and Blue Shield as against me directly and may proceed against me directly. I understand that Anthem Blue Cross and Blue Shield reserves the right to terminate my appointment. I agree that this Application for Employment and any subsequent appointment only pertains to the Anthem Blue Cross and Blue Shield company or companies for which the agent/agency to which I am appointed has an Agent Agreement in effect.

I hereby authorize Anthem Blue Cross and Blue Shield 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 Anthem Blue Cross and Blue Shield 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 undersigned applicant, agree to the following:

I, the applicant, acknowledge that I have personally read, understood and completed this application. I agree to all terms and conditions.

I certify that all information that I have provided is true and correct to the best of my knowledge.

If an agency principal is applying, the agency warrants that and certifies that the individual signing on the agency behalf is authorized by the agency to complete and sign this agreement.

Agency Principal Signature:

Please print name (as it appears on your Department of Insurance License)

X

Agency Signature (as it appears on your Department of Insurance License)

Date

Writing Agent's Signature:

Please print name (as it appears on your Department of Insurance License) and Title

X

Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)

Date

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Personal Data Sheet

Instructions:

1. Complete all sections of the Personal Data Sheet. A form will need to be completed for each individual or corporation who will receive commissions.
2. Attach a copy of your current resident license. Attach a copy of any non-resident license in which you are requesting appointment. If commissions are to be paid to a corporation, include a copy of both the individual and corporate license.
3. Send completed Personal Data Sheet, state required form, if any, and copy of current license to appropriate Anthem affiliate.

For Office Use Only			
Producer number		Other	
Applicant Information			
Agent name		Social Security number	Date of birth
Business address		City	State ZIP code
Business county	Business Phone Number (include area code)	Business fax number (include area code)	
Resident address		City	State ZIP code
Email address	Resident County	Resident phone (include area code)	
Currently licensed to sell life business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list resident state	
1. Have you ever been known by any name other than that noted as agent name? <i>If yes, please list on back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is your primary source of income from Life & Health Insurance Sales? <i>If no, explain on back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you now working full time in the insurance business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been fined, censured or reprimanded by any insurance regulatory body? <i>If yes, explain fully, including the date, state and nature of the infraction on the back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Has your agent license ever been suspended or revoked by any insurance regulatory body? <i>If yes, explain fully, including the date, state and why on the back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever been named as party to a lawsuit as a result of a policy of insurance you sold or has any company you sold been named in a lawsuit as a result of a policy you sold? <i>If yes, give complete details, including the outcome of the suit on the back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has a customer ever filed a complaint against you with any insurance regulatory body? <i>If yes, please list state, nature of complaint and the eventual outcome on the back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you ever been required to submit a statement to any insurance regulatory body or any insurance company regarding your sale of insurance to a particular individual? <i>If yes, how many times _____ List details on the back of this form</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. How many years have you been in the insurance business? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever filed for or been declared bankrupt or insolvent, either personally or in business? <i>If yes, please list date and explanation on the back of this form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever been convicted of a crime under 18 U.S.C. 1033?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you ever been convicted of a felony or misdemeanor under any other federal law?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you ever been convicted of a felony or misdemeanor in any state court?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. <i>Do you carry an Errors & Omissions Policy?</i> If yes, list policy number _____ Carrier's name and phone number _____ Limit of Liability: Per occurrence _____ Per Aggregate _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does any insurance company claim you owe any balance of commissions or premium? <i>If yes, list the companies and the amounts _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If commissions are to be paid to a firm or corporation, please complete the information below. (Also complete a PDS for the principal officer.)			
Corporation name			
IRS number		Is the corporation currently licensed? <i>If yes, attach a copy of the license.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMPORTANT NOTICE TO APPLICANT: You MUST sign and date this notice prior to appointment approval.			
I agree to comply with all the regulations of Anthem Health Plans of Kentucky, Inc.; Anthem Insurance Companies, Inc.; Community Insurance Company, Inc.; Anthem Life Insurance Companies, and the state Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Anthem will run a routine inspection to provide information concerning my general reputation, personal characteristics and mode of living in connection with my application to act as one of their representatives. This report may be obtained through personal interviews with third parties such as family members, business associates, financial resources, friends, neighbors or others that I am associated with.			
I certify that I have read and understand the above information and all answers to the above questions are true and correct.			
Signature of applicant			Date

Medicare Advantage and Part D Broker Contract Addendum

Attachment 1

Medicare Advantage and Medicare Part D Regulatory Exhibit

The following Medicare Advantage and Medicare Part D terms and conditions shall be incorporated into the Business Entity Insurance Producer Agreement between Anthem Insurance Companies, Inc. and applicable affiliates or clients requiring the services described herein (herein referred to as "Anthem") and Entity Producer. These provisions shall only apply to services provided by Entity Producer to or for Anthem's Medicare Advantage and/or Medicare Part D plans in accordance with and pursuant to the Medicare Modernization Act of 2003 (MMA) (Social Security Act Section 1860D-1 through 1860D-41), any subsequent amendments to the MMA and applicable regulations. In the event that there is a conflict between the attached Agreement and these Medicare Advantage and Medicare Part D terms and conditions, the Medicare Advantage and Medicare Part D terms and conditions shall control, but only as they relate to services provided to Covered Individuals enrolled in Anthem's Medicare Advantage and/or Medicare Part D plans.

- 1. Federal Funds.** Consistent with, but not limited to, 42 C.F.R. 423.100, Entity Producer acknowledges that payments Entity Producer receives from Anthem to provide services to Medicare Advantage or Part D enrollees, are, in whole or part, from Federal funds. Therefore, Entity Producer and any of its subcontractors may be subject to certain laws that are applicable to individuals and entities receiving Federal funds.
- 2. Confidential Information.** Entity Producer recognizes that in the performance of its obligations under this Agreement it may be party to Anthem's proprietary, confidential, or privileged information, including, but not limited to, information concerning Anthem's members. Entity Producer agrees that, among other items of information, the identify of, and all other information regarding or relating to any of Anthem's customers is confidential. Entity Producer agrees to treat such information as confidential and proprietary information of Anthem, and all such information shall be used by Entity Producer only as authorized and directed by Anthem pursuant to this Agreement, and shall not be released to any other person or entity under any circumstances without express written approval of Anthem. During and after the term of this Agreement, Entity Producer shall not disclose or use any of the information described in this Section for a purpose unrelated to the terms and obligations of this Agreement. Further, Entity Producer agrees to abide by all Federal and State laws regarding confidentiality and disclosure of Medicare Part D enrollee information. In addition, Entity

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWi") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWi collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.