Request for Appointment of Insurance Producer

For UnitedHealthcare Office Use Only:
Indiv. Producer ID _____ Spec. Arr. _____
Agency Producer ID_____

Please type or print legibly.

Section 1: Demographic Information--Individual

Producer Name ☐ Mr. ☐ Ms. ☐ Mrs. _____
(Registered with IRS) (Last Name) (First Name) (Middle Name)

SSN _____--_____-- _____ Date of Birth _____/_____/_____ Suffix Jr. ☐ Sr ☐ I ☐ II Other ☐ _____

Phone # (____) _____ - _____ Ext. _____ Fax # (_____) _____ - _____ Email _____

Mail. Addr. _____
c/o (Optional) (Street or PO Box) (City) (State) (ZIP)

Res. Addr. _____
(Street—must be actual street address, no PO boxes) (City) (State) (ZIP)

Section 2: Demographic Information—Agency or ☐ Check here if you are NOT working with an agency

Producer Name _____
(Registered with IRS) (Legal Entity Name) (DBA Name—Optional)

TIN _____--_____ Taxpayer Type: ☐ Corp ☐ Sole Prop. ☐ LLC ☐ LLP ☐ Other Entity_____

Phone # (____) _____ - _____ Ext. _____ Fax # (_____) _____ - _____ Email _____

Mail. Addr. _____
c/o (Optional) (Street or PO Box) (City) (State) (ZIP)

Bus. Addr. _____
(Street—must be street address, no PO boxes) (City) (State) (ZIP)

Licensing/Commissions Contact Name (Optional)_____

Phone # (_____) _____ - _____ Ext. _____ Fax # (_____) _____ - _____ Email _____

Do you plan to assign commissions to an agency or an individual other than yourself? ☐ Yes ☐ No
(If **Yes**, please complete the *Compensation Assignment Form* for the assignment to be effective.)

Section 3: Certification

All producers must complete **all** questions in this section. Please check **Yes** or **No**. If you answer **Yes** to any question, please attach a separate sheet with an explanation.

#	Question	Yes	No
1	Have you ever pled guilty or been convicted of a felony (either state or federal) or misdemeanor (including participation in court ordered programs and excluding minor traffic offenses)?	☐	☐
2	Has your insurance license ever been suspended or revoked?	☐	☐
3	Have you ever had an appointment terminated “For Cause” by any insurer or financial services institution?	☐	☐
4	Have you ever been investigated or fined by an Insurance Regulatory Authority?	☐	☐
5	Do you owe any debt or balance to any insurer, general agent, or financial service institution that has remained overdue for more than 60 days?	☐	☐
6	Have you ever been the subject of a bankruptcy petition or proceeding in the last seven (7) years?	☐	☐
7	Are there any outstanding liens or judgments against you?	☐	☐
8	Have you ever been excluded, or are you aware of actions that could result in exclusion, by the OIG from participation in a government health care program, including Medicare or Medicaid?	☐	☐
9	Have you ever been barred, or are you aware of actions that could result in debarment, by the General Service Administration from being a government contractor?	☐	☐

Section 4: Signature

I am hereby notified that inquiries may be made by UnitedHealthcare, its affiliates, and/or outside entities regarding my character, general reputation, business experience, credit history, personal characteristics, and insurance license status. I authorize such knowledge/information to be released to UnitedHealthcare or its legal representative (upon written request, additional information as to the nature and scope of the report can be provided.) A photocopy or facsimile of this signed authorization shall be as valid as the original. Under penalties of perjury, I certify that information provided by me in this application or in any accompanying documents is correct and complete and the number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding. If appointed to represent UnitedHealthcare and its affiliates, I understand that I am considered an independent contractor, and not an employee of such company(ies). This application and any attachments become a part of the producer file with any of the companies that I am appointed to represent. This form is not valid until signed and dated.

_____/_____/_____ _____ _____
(Date) **(Signature)** **(Title—if signing on behalf of an agency)**

Section 5: License & Appointment Detail

1. State where you hold a **Resident** insurance license _____ License #: _____
2. Lines of Authority for which you are currently licensed (check all that apply):

   ☐ Life ☐ Accident/Health ☐ HMO ☐ Other _____

3. Indicate the states in which you are licensed and wish to be appointed **(please attach a copy of your current license for each state listed below)**. If you have more licenses, please list them on a separate sheet.

Individual Licenses				**Agency Licenses** (Agency licenses not required in IA, TN, VT, and WI)			
State	**License #**	**License Effective Date**	**License Expiration Date ***	**State**	**License #**	**License Effective Date**	**License Expiration Date ***
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /

* Indicate License Expiration Date only if it is printed on your license.

4. Florida Non-Residents: Do you physically enter the State of Florida to sell UHC products? ☐ Yes ☐ No

   If you are a non-resident Florida agent physically entering the State of Florida to conduct business, you must complete the Florida Non-Residents County Appointment Form.

5. Please indicate the products for which you are applying to sell:

   Standard Appointments: You will be appointed for all of UnitedHealthcare's products below depending on state guidelines:

   ☐ UnitedHealthcare Medical and Life Insurance (PPO, POS, etc.)
   ☐ PacifiCare Medical and Life Insurance
   ☐ MAMSI Life & Health Insurance Company
   ☐ MD Individual Practice Association
   ☐ Oxford Health Insurance
   ☐ UnitedHealthcare HMO
   ☐ PacifiCare HMO
   ☐ Optimum Choice, Inc.
   ☐ UnitedHealthcare of the River Valley, Inc.
   ☐ Oxford HMO

   Special Appointments
   (You must have a relationship with a UHG Specialized Care Company to sell these products)**:**

   ☐ Specialty Products (Vision, Dental) ☐ Retiree/Medicare ☐ Unimerica Life and Disability

6. Are there any special circumstances you would like us to know about when processing your appointments?

   _____

   Please return completed form to the UnitedHealthcare contact who provided you the appointment package or to the appointment credentialing department with the contact information listed on the broker checklist.

IMPORTANT!!! No business may be placed with UnitedHealthcare until all state licensing and UnitedHealthcare appointment and/or contract requirements have been met. UnitedHealthcare Producer Credentialing will notify you in writing if your appointment has been approved.