



Humana

Agent Contract

APPOINTMENT REQUIREMENTS

Please complete, sign and date these forms; submit the following items to your Managing General Agent:

1. Agent Registration Form
2. NYS License
3. Errors & Omissions Insurance
4. AHIP Certificate

NOTE:

All documentation must be completed *and signed* in order to proceed with the appointment process.

Submit your signed paperwork and all additional requirements to your Managing General Agent... not directly to the Company.

You can mail your completed paperwork to:

**Genesis Business Capital, Inc.
Agent Licensing
520 White Plains Road Suite 500
Tarrytown, NY 10591
Or
Tel: (914) 909-2548
Fax: (866) 548-1152
contracts@genesisbusinesscapital.net**

Humana

Agent Registration Form

Please Print Agent Information (as it appears on your state license)

Agent Level _____

Name: _____

First

MI

Last

Suffix

Date of Birth: _____ Drivers License Number _____
(MM/DD/YYYY)

Social Security Number: ____ - ____ - ____ Email: _____

Resident State: _____ In which states do you want to be contracted: _____

Present Home Address: _____

Street

City

State

Zip

Home Telephone: (____) _____ - _____ Home Fax: (____) _____ - _____

Business Address (if different than home address): _____

Business Telephone: (____) _____ - _____ Business Fax: (____) _____ - _____

Shipping Address (If different than business address): _____
(No P.O. Boxes)

Recruiting Agency: _____

By signing below, Broker is requesting Humana email you a link for online contracting. Broker agrees to represent Humana as an independent agent, the policies and procedures of Humana and state and federal laws and regulations applicable to the products which Broker is allowed to sell Medicare Advantage Plans. Broker shall complete an application for appointment and provide such other information as Humana may reasonably require.

Agent Signature

Date

SIGN HERE



AGENT TO MGA ASSIGNMENT

MGA NAME: AGENT PIPELINE
MGA NUMBER: 365

I understand that by signing the attached form I am agreeing to be aligned under the downstream agent hierarchy of the above mentioned MGA. The MGA will assist me with specific services when representing Humana products which would include:

MGA Oversight of Agent Activity:

As a contracted partner, Managing General Agencies (MGAs) are responsible for compliance oversight of all downstream agents in their hierarchy. MGAs must assist the agent and ensure the following:

- **Sales and Marketing Agreement** – ensure all policies and procedures are followed by all agents as outlined in the Humana Marketing Agreement which is outline in the contract amendment and Producer Partnership Plan. This includes using the full Humana presentation at each appointment and using only approved recruiting, marketing and advertising materials.
- **Agent Evaluations** – management should periodically schedule evaluations with agents during appointments and sales presentations to ensure adherence to Humana policies and CMS compliance regulations. Humana may at their discretion asked to see evaluations for agents in your hierarchy.

MGA Administrative Services

As a contracted partner, MGAs are responsible for assisting all downstream agents in their hierarchy with administrative services on behalf of Humana. These services may include agent recruiting, training, compliance enforcement and marketing. The minimum services provided are outlined below but the MGA may opt to provide additional services. Audits may be conducted by Humana to ensure to ensure services are being performed.

- Coordinate contracting, licensing, appointing efforts between agents and Humana
- Ensure all agents are properly licensed, appointed, and certified to sell MA and/or PDP products throughout the year
- Assist in coordination of certification classes
- Assist in agents to navigate through Humana’s agent portal
- Reinforce policy updates, compliance alerts, and other communications with agents
- Assist in the maintenance of accurate agent contact information (addresses, e-mail, phone)
- Assist to ensure only approved co-branded marketing and sales materials are used by agents

I understand that if I would like to discontinue my relationship with the above MGA at any time, I will need to follow the Agent Release Policy as outlined in the Producer Partnership Plan.

MGA Name

Agent Name

MGA SAN

Agent SAN

MGA Signature/Date

Agent Signature/Date

SIGN HERE

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.

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

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶

SIGN HERE

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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,

AGENT BUSINESS TRANSFERRAL FORM (ABTF)



The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future commissions payable after we have processed this form. You can only name a new Agent/Agency of Record for business that you are the current Agent of Record on.

SECTION 1 - AGENT INFORMATION

Agent Name (Please print)	SSN	Humana Agent Number/SAN
Business Address (Will only apply to the agent named above)	(Change? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Email	(Change? <input type="checkbox"/> Yes <input type="checkbox"/> No)	

SECTION 2: Complete for each applicable type of business

<p style="text-align: center;">MEDICARE</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p>	<p style="text-align: center;">INDIVIDUAL MAJOR MEDICAL, SHORT TERM MEDICAL, LIFE, TRADITIONAL PLUS DENTAL</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p>
<p style="text-align: center;">INDIVIDUAL FINANCIAL PROTECTION PRODUCTS</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p>	<p style="text-align: center;">STAND ALONE DENTAL & STAND ALONE VISION</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p>
<p style="text-align: center;">GROUP COMMERCIAL MEDICAL, DENTAL, VISION, LIFE, STD, LTD</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p>	<p style="text-align: center;">GROUP WORKPLACE VOLUNTARY BENEFITS</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p>

SECTION 3: SIGNATURE OF AGENT LISTED IN SECTION 1

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. As the current Agent of Record (AOR) I am requesting that the AOR be changed for the type of policies as indicated on this form. The party to receive commissions must have a valid Humana Group Producing Agent or Agency Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Group Producing Agent or Agency Contract. *State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record.* Once completed, please fax this form to Agency Management at (920) 339-2160 or email the completed form to agencygmt@humana.com.

Signature of Agent	Date
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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

HUMANA
Guidance when you need it most

I (We) hereby authorize Humana to initiate Automated Clearing House credits and, if necessary, make corrections for any entries made to my account in error.

AGENT INFORMATION

Agent or Agency requesting automatic deposit: _____

Social Security number/Tax ID number: _____

SAN number (if applicable): _____

Phone number: _____

Please indicate transaction type:

Set-up

Change

Cancel

Please indicate type of account: _____

FINANCIAL INFORMATION

Bank Name: _____

Bank City: _____

State: _____ Zip: _____

Bank phone number: _____

Bank account number: _____

Bank routing number: _____

(Please provide the nine-digit routing number on your check, not the deposit slip.)

This authorization will remain in force until written notification of termination or change is received by Humana in such time and in such manner as to afford Humana a reasonable opportunity to act on it.

NOTE: Direct deposit set-up requires that the bank account and routing number must be verified for accuracy before any funds are transferred. For this reason, you may receive one or two commission checks that need to be cashed.

Print Name: _____

Title (owner/officer only): _____

Signature: _____

SIGN HERE

Date: _____

**Complete and fax this form to Humana Agency Management at 1-920-339-2160
if NOT completing a contract.**

PLEASE INCLUDE A COPY OF A VOIDED CHECK

Integrated Benefits Administrators

Agent Code of Compliance and Ethics

For Medicare Advantage and Medicare Part D Sales

By signing this Code, you are attesting that you are personally agreeing to all of the information found below. Failure to comply with the conditions of the Code will have consequences as outlined in the Code.

Integrated Benefits, Inc. (referred to herein as IBI) is committed to excellence in its compliance efforts as well as integrity while conducting its business affairs. Our company's continued growth and leadership depend upon the integrity of all the men and women who represent us. Each IBI employee, licensed agent or broker representing a carrier through us and all third parties subscribes to our *Code of Compliance and Ethics* as an expression of personal commitment to ethical and compliant marketing practices.

In this document, "product" refers to the plans or services available through the carriers IBI represents; "consumer" refers to a person who may purchase a product; "member" refers to someone who has purchased such a product.

1. I shall conduct myself in an ethical manner with courtesy and integrity, and with respect for the rights and reasonable requests of consumers and members at all times.
2. I will not make statements or engage in activities that could mislead, confuse or influence consumers and/or members or misrepresent the carrier or its products, Medicare or the Centers for Medicare and Medicaid Services (CMS).
3. I will not disparage competitors or Original Medicare in an effort to influence an enrollment of a consumer into a represented product.
4. I will never make offers of gifts or payments or share commission as an inducement for consumers to enroll in a product.
5. I will use no form of coercion, deception, sympathy appeal or other high-pressured sales tactics to enroll consumers in a product. I will always give clear and accurate information regarding my relationship with the carrier or Medicare and will avoid the use of false, contextually misleading or exaggerated statements.
6. I will make sure that all information on the application is filled in by the Medicare consumer, their legal representative or by me, the agent. I will not ask a consumer to sign an incomplete enrollment application. I will not hold enrollment applications on behalf of

the consumer but instead will submit enrollment applications upon receipt to the carrier or IBI per the guidelines of each specific carrier.

7. I will use only the identification or writing number assigned to me by the carrier on enrollment applications. I will not use the identification number of another agent on an enrollment application solicited by me, nor will I place my identification number or signature on an application that I did not complete or sell.
8. I will protect the privacy of consumers and members and preserve the confidentiality of their records in accordance with all federal and state rules and regulations and carrier guidelines. I will handle the enrollment application and any other consumer or member health information in my possession in a professional, compliant and confidential manner. I will maintain only such consumer or member information as required to conduct business and will do so in a secure and compliant manner and in accordance with all carrier guidelines and state and federal regulations.
9. I am aware that marketing activities in connection with the sales of products to consumers are strictly regulated by both state and federal laws and rules and regulations promulgated by CMS and I agree to comply with these requirements.
10. I understand that I must use sales and marketing materials that have been approved by the required entities (CMS, Departments of Insurance, carriers) in all sales and marketing to consumers.
11. I understand that in order to market Medicare Advantage and/or Medicare Part D plans I must annually complete and pass the training and certification requirements set forth by each carrier and CMS, and that I am required to keep current my insurance license and all carrier appointments.
12. I understand that it is my responsibility to comply with all federal and state regulations for sales and marketing activities. I pledge that I shall at all times conduct myself and my sales activities in compliance with CMS rules and guidelines and other applicable rules and regulations.
13. I understand that any unsolicited direct contact, including but not limited to door-to-door solicitation, cold calling, leave-behinds at or on the consumer's personal property and e-mail solicitation is strictly prohibited.

14. I agree to comply with all federal and state rules and regulations including HIPAA, MIPPA and CMS guidelines, as well as any carrier specific policies that are not outlined above.

15. I understand that any breach of the above pledge could result in the immediate unilateral termination of my appointment and my agreement.

I have read this *Code of Compliance and Ethics* and agree to the Terms and Conditions as outlined in this document.

 SIGN HERE

____/____/____

Signature

Date

Print Name

 INITIAL HERE