National Insurance Benefit Coordinators, Inc.

Appointment Instructions for

AR Blue Cross & Blue Shield

Please complete the following:

1. _________ **Producer Appointment Page:** Complete all required information.

2. _________ **Background Information:** Answer each question by marking the appropriate box. If you answer yes to any question please provide an explanation.

3. _________ **Schedule B:** Complete and sign.

4. _________ **State License:** Please provide a copy of your AR resident state license.

5. __________ **W-9:** Complete W-9 and sign.

6. _________ **E&O:** Blue Cross ***requires*** all agents to carry E&O coverage. Please provide a copy of your E&O Certificate.

7. _________ **CMS or AHIP:** Please provide a copy of your CMS or AHIP certification if appointing to sell Medicare Products.

Once all information has been completed you can fax the attached information to 501-372-2221 or e-mail to karen@nibconline.com .

If you have any questions please call us at 501-372-4800.

National Insurance Benefit Coordinators, Inc.
112 Smart House Way
North Little Rock, AR 72114
(501) 372-4800 phone
(501) 372-2221 fax

Arkansas BlueCross BlueShield

Mail to:
Henry McRoberts (10UCC - Suite 1050)
Arkansas Blue Cross and Blue Shield
P.O. Box 2181
Little Rock, AR 72203-2181

Producer Appointment Information

Please Print All Information

Full Name		
Last	First	Middle

SSN	DOB / /	Producer License
Tax ID # (Only Required for Agency Appointment)	Agency License # (Only Required for Agency Appointment)	

Home Address			
STREET	CITY	STATE	ZIP

Bus. Name				
Address				
STREET	CITY	STATE	ZIP	COUNTY

Home Phone	Bus. Phone
Bus/ Fax	E-Mail

Provide a brief description of your present business: ______________________________

____

____

Group Inquiry Only: Coverage written in the past 12 moths - (Give a specific number)

Under 25 lives	25 to 100	200 + lives

The face page of your current Errors and Omissions policy ***is required*** with this completed and signed information. Return all to Arkansas Blue Cross and Blue Shield, Henry McRoberts (10UCC - Suite 1050), P.O. Box 2181, Little Rock, AR 72203-2181.

Producer Background Information

Name you prefer to use:

For all questions answered YES, give details on a separate sheet of a paper.
Describe the type and nature of any offense, as well as date/s and place of conviction or plea and disposition.

1. Have you ever been known by any other name than noted above? Other Names:	YES ☐ NO ☐
2. Have you ever applied for employment or contract as an agent with Arkansas Blue Cross and Blue Shield or subsidiaries?	YES ☐ NO ☐
3. Were you ever employed or contracted with Arkansas Blue Cross and Blue Shield or it's subsidiaries?	YES ☐ NO ☐
4. Have you ever been refused a insurance license, had a license suspended, or revoked?	YES ☐ NO ☐
5. Have you ever been formally disciplined by any insurance department, state agency, government agency or other authority?	YES ☐ NO ☐
6. Have you ever been charged in any capacity with fraud, financial irregularities, or misconduct by any insurer, financial institution, or others?	YES ☐ NO ☐
7. Have you ever been discharged from employment for cause or for any of reasons in stated in question #6?	YES ☐ NO ☐
8. Other than traffic infractions or "youthful offender" adjudication, have you ever been convicted of a crime?	YES ☐ NO ☐

CREDIT/INVESTIGATIVE REPORT NOTICE AND RELEASE FORM

As part of the application procedure, the Company may have an investigative consumer report prepared. The investigative report may consist of employment history, public records or other information, such as current status of Account. Upon my written request to the home office of the Company, the Company will provide me with additional detailed information as to the nature and the scope of this investigation. Should a report have an adverse effect on my application, the Company will notify me in writing and identify the name and address of the reporting agency that prepared the report.

I hereby authorize the Company to conduct all such inquiries and obtain these investigative reports. I authorize all persons, firms and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms or entities supplying such information to the Company, and I agree to hold the Company harmless from and indemnify it from any liability which it may incur as a result of conducting any of the inquiries contemplated herein. The Company may provide to its affiliate companies all information it receives during its investigation. The Company may provide to its affiliate companies or third parties, including agencies that assume my debit balance, any financial, business, legal or tax information regarding me that is not part of the investigative report that it receives from third parties or its affiliate companies. I authorize the Company to provide information concerning any past-due debts owed the company to the credit reporting services to which it subscribes. These authorizations shall remain in effect for two (2) years after the date I sign this application.

I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent's contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer number.

Signature of Applicant: ______________________________ Date: ______________________

SCHEDULE B

ARKANSAS BLUE CROSS AND BLUE SHIELD
HMO PARTNERS, INC. d/b/a HEALTH ADVANTAGE
USAble LIFE
INDIVIDUAL REPRESENTATION ACKNOWLEDGMENT AND AGREEMENT

I, whose signature appears below, a director, officer, employee or agent of **"***National Insurance Benefit Coordinators Inc"* hereafter referred to as "Agent," which has entered into an Corporate Agreement, hereafter referred to as "The Agent's Agreement," with Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company, HMO Partners, Inc., d/b/a Health Advantage, and USAble Life, hereafter referred to as "Company," will represent Company on behalf of Corporate Agent in soliciting application(s) and servicing policyholder(s). In consideration of this representation, I acknowledge and agree as follows:

1. I have read the Agent's Agreement, understand its provisions, and agree that I, as an individual and as a representative of Corporate Agent, am obligated to abide by its terms, including, but not limited to, the Duties of Agent set out in Section 2.0 of the Agent's Agreement.

2. I understand and agree that the commission payable under the Agent's Agreement as a result of my efforts in soliciting application(s) shall be paid to and become the property of Corporate Agent.

3. I understand and agree that Company may terminate my representation at any time, with or without the approval of Corporate Agent.

4. I understand that I am not authorized to represent Company until successful completion of **Product Training** and the date I execute this Schedule B.

IN WITNESS WHEREOF, on this ____ day of ____________________, __2011__, I hereunto set my signature:

____
[Signature]

Printed Name:____

Address: __[SEE PRODUCER INFORMATION FORM]________________

Bus Phone: __[SEE PRODUCER INFORMATION FORM]______________

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

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: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ------------------	☐ Exempt from backup withholding
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. person (including a U.S. resident alien).

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** ▶

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.

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,