

Addendum to Producer Request for Appointment

PLEASE PRINT – All information must be completed.

Full Legal Name: _____
First Middle Last

Company Name: _____
 [Note: Please list all company names utilized]

Company Address: _____
Street City State County ZIP

Company Phone: (____) _____ FAX: (____) _____

Email Address: _____ Social Security Number: _____

TAX EIN#: _____ Date of Birth: ____/____/____
 (If indicated, commissions will be paid to this number) month Day Year

Resident Address: _____
Street City State County ZIP

Resident Phone: (____) _____ FAX: (____) _____

LICENSE INFORMATION - ATTACH CURRENT COPY OF TENNESSEE INSURANCE LICENSE.
 (License(s) must be provided in order to receive commissions)

Products: Health (Includes Disability) Life

Tennessee State Insurance License ID Number: _____

If more space is needed, please attach additional information.

LICENSE INFORMATION MUST BE COMPLETED – Page 2

Evidence of Errors and Omissions Insurance (Please provide)

- Copy of Application, policy face page or evidence that coverage is in-force.

PRODUCER QUESTIONS – If your answer is “Yes” to any of the questions below, please write details on a separate sheet and attach. Failure to disclose may result in a decline of your application.

1. Are you now being sued or have you ever been sued or had a judgment rendered against you? _____
2. Have you ever filed for bankruptcy or sought protection from your creditors? _____
3. Have you ever been charged, convicted, or pled guilty to a felony or misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument? _____
4. Has any federal or state regulatory agency ever:
 - a. Censured you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument? _____
 - b. Found you made false statement(s) or omissions or been dishonest, unfair, or unethical? _____
 - c. Found you have been involved in a violation of investment, real estate, or insurance related statutes or regulations? _____
 - d. Found that you were a cause in an investment, real estate, or insurance agency or business having its authorization to do business denied, suspended, or revoked or restricted? _____
5. Are you now or have you ever been prevented from engaging in any activities related to securities, insurance, annuities, real estate, or any other type of financial instrument? _____
6. Have you ever been discharged or permitted to resign because you were accused of violating investment, real estate, or insurance related statutes, regulations, or rules of industry standards of conduct? _____
7. In the last five years, have any agent or broker contracts that you held with investment, real estate, or Insurance companies or agencies been canceled for cause? _____
8. In the last five years, has any policy or application for errors and omissions insurance on your behalf been declined, cancelled, or refused renewal? _____
9. Has any insurance company ever paid a claim on a bond taken out on your behalf? _____

Credit/investigative report notice and release

As part of the application procedure, the Company may have an investigative consumer report prepared.

The investigative report may consist of an investigative consumer report, criminal record report, insurance department inquiries, and interviews with third parties. 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 identification number.

Signature

Date

Addendum to Producer Request for Appointment

To become an appointed broker with BlueCross BlueShield of Tennessee please provide the following documents in addition to this form.

1. Complete the applicable Agency Agreement for the type of business you wish to sell.
2. Complete the Producer Request for Appointment form.
3. Complete the Business Associate Agreement.
4. Send a current copy of proof of E&O coverage.*
5. Send a current copy of your Tennessee Resident or Non-Resident license.*
6. W-9 Form.
7. Electronic Funds Transfer authorization with voided check or deposit slip.

PLEASE SELECT HOW YOU WOULD LIKE YOUR COMMISSIONS TO BE PAID:

Commissions paid to Agency
(must include Tax ID)

Commissions paid to me
(must include SSN#)

Please complete the following:

Name: Robert Miller	
Tax ID or SSN# 20-4053278	
Company Name: National Insurance Benefit Coordinators	
Street Address 112 Smart House Way	
City, State, ZIP North Little Rock, AR 72114	
Telephone: (501) 372-4800	Fax: (501) 372-2221
Email: bmiller@nibconline.com	

Signature: _____

Date: _____

*Must be provided upon renewal.



BlueCross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com

Agent / Broker Conflict of Interest Certification and Disclosure Form

As part of our commitment to integrity, sound business practices and good corporate governance, BlueCross BlueShield of Tennessee (BCBST) acknowledges that certain corporate obligations create a specific responsibility to identify, disclose, monitor and mitigate all actual, apparent, and potential conflicts of interest (COI) for both individual and organizational activities. As part of this responsibility, BCBST requires all agents / brokers that are seeking appointment to sell insurance products for BCBST companies to complete specific credentialing requirements including a disclosure of financial interests or other business relationships that the agent / broker or their family members have with our competitors and companies doing business with or seeking to do business with our company that may be considered a conflict of interest.

**** Given the inherent nature of the business arrangements that agents / brokers have with various companies, you are not being requested to disclose the business arrangements that you have with our competitors that exist only for the purpose of selling insurance products.**

In addition to completing this COI certification and disclosure form upon initial contract to sell insurance products for BCBST companies, if you are being credentialed to sell BCBST's Medicare Advantage and Medicare Prescription Drug products, you will be required to complete this form every year thereafter for which you are approved to sell Medicare Advantage products. As a plan sponsor for both Medicare Advantage and Medicare Prescription Drug Programs, BCBST is required to obtain certifications from firms providing agent / broker services, agents, or brokers, at the time of hire and annually thereafter certifying that the organization, agent, or broker is free from any COI in administering or delivering Part D benefits.

For purposes of this COI certification and disclosure form, the following terms have been defined for your reference when providing responses:

Conflict of Interest is a situation where your personal interests or activities, as well as those of your family members, could influence your judgment or decisions, and therefore, your ability to act in the best interest of the company or its contractual obligations. A conflict of interest can result in being unable to render impartial assistance or advice, having impaired objectivity or an unfair competitive advantage in the business relationships of the company. A conflict of interest also includes activities that may only appear to influence your judgment or decisions.

BCBST Companies include the BlueCross BlueShield of Tennessee, Inc. parent company, its holding companies, subsidiaries, affiliates and other entities whether wholly-owned or owned through majority or minority interests either directly or indirectly.

Family Member includes your spouse, dependent children, anyone living in the same residence as you, anyone who is financially dependent on you and/or whose investments are controlled by you.

I understand that if I do not check the Attestations below indicating agreement, then I must complete the Disclosures section of this form for each Attestation that is unchecked.

Attestations

_____ I hereby attest that I will not "steer" beneficiaries into products that are not in their best interest.

_____ I hereby attest that neither I nor any family member has a financial interest or any other business relationship with any organization or company that is a competitor of or has done or now does business with BCBST companies that would create a conflict of interest in my role as an agent / broker. ** Please note exception for competitor relationship in instructions above.



Agent / Broker Conflict of Interest Certification and Disclosure Form

_____ I hereby attest that outside of my position as an agent / broker, I am not employed in nor a volunteer in a position outside BCBST companies that would potentially constitute a conflict of interest.

_____ I hereby attest that I am not aware of any BCBST Code of Conduct violations or other compliance concerns involving myself or any employee, manager, officer, director, consultant, vendor, or subcontractor of BCBST companies that has not been reported to BCBST management and/or the BCBST Corporate Compliance Department.

_____ I understand and accept the responsibility to amend the responses to this conflict of interest certification and disclosure form whenever an update to this information is necessary as a result of a change in the previously reported status of myself or a family member.

Disclosures

Please explain in detail any actual or potential COI, financial interest, or other disclosures being reported. (Please attach supplemental information or additional disclosure pages as needed.)

If you have questions about this form, need to amend previous responses, or wish to report any COI or compliance concerns in the future, please contact the BCBST Broker Administration Department at agentsandbrokers@bcbst.com or toll free (888) 924-2204 or the BCBST Corporate Compliance Department at compliancehotline@bcbst.com or toll free (888) 343-4221.

Certification

I acknowledge my obligation to provide full disclosure of all known financial interests or business relationships as required by this form to assist in the identification, disclosure, ongoing monitoring and mitigation of all actual or potential conflicts of interest for both individual and organizational activities. Also, I understand that my responses may be submitted to state and federal regulatory authorities, and anyone that knowingly and willfully falsifies, conceals or covers up a material fact or makes any false or fraudulent statement, shall be fined not more than \$10,000 or imprisoned not more than five years or both (18.U.S.C. Section 1001).

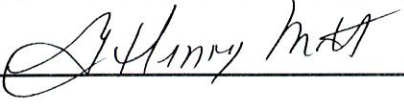
I affirm that to the best of my knowledge the information disclosed herein is complete and accurate.

Signature

Date

Print Name

IN WITNESS WHEREOF, Organization and Business Associate execute this Addendum in multiple originals to be effective on the last date written below.

Business Associate	BlueCross BlueShield of Tennessee, Inc.
By:	By: 
Title:	Title: Senior Vice President, Operations
Date:	Date: January 1, 2011



One Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

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10-2877 (8.11)

this Agreement and applicable Laws. That decision may be entered and enforced in any State or Federal court. It may only be vacated, modified or corrected for the reasons set forth in section 10 or 11 of the United States Arbitration Act, if the award contains material errors of law or is arbitrary and capricious.

IN WITNESS WHEREOF, the parties have executed this Agreement intending to be bound on and after the ____day of _____, _____ (to be completed by BCBST)
(Month) (Year)

BlueCross BlueShield of Tennessee, Inc.

By: Charlie Goe
Charlie Goe

Title: Business Segment Director

Agency:

By: _____

Title: _____

Printed Name and Title:

Tax I.D. #: _____

Address/Telephone:

Address/Telephone

1 Cameron Hill Circle

Chattanooga, TN 37402

(423) 535-5600



One Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

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10-2884 (8.11)

IN WITNESS WHEREOF, the parties have executed this Agreement intending to be bound on and after the ____ day of _____, _____ (to be completed by BCBST)
(Month) (Year)

BlueCross BlueShield of Tennessee, Inc.
By: Charlie Goe
Charlie Goe
Title: Business Segment Director

Agency:
By: _____
Title: _____
Printed Name and Title:

Address/Telephone
1 Cameron Hill Circle
Chattanooga, TN 37402
(423) 535-5600

Tax I.D. #: _____
Address/Telephone:



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10-2885 (8.11)