

National Insurance Benefit Coordinators, Inc.

Appointment Instructions for
HealthSprings / Bravo Health

Please complete the following:

1. _____ **Contact Information:** Please complete and answer any questions. If you answer yes to any question please provide a detailed explanation.
2. _____ **Authorization and Release & Sales Rep Addendum:** Complete and sign.
3. _____ **Assignment of Commissions (if needed):** Complete and sign.
4. _____ **EFT Authorization:** Please complete and sign.
5. _____ **Agent Acknowledgement form:** Complete and sign.
6. _____ **State License:** Please provide a copy of your resident state license and any non-resident licenses for the states you wish to be appointed in.
7. _____ **E&O:** HealthSprings requires all agents to carry E&O coverage. Please provide a copy of your E&O Certificate.

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



HEALTHSPRING

Agent Certification Requirements

Effective April 1, 2011

HealthSpring is launching a new and improved agent certification/training program on April 1, 2011. Like many other Medicare Advantage Organizations, we are requiring that all our newly contracted agents complete “AHIP’s Online Training Program for Medicare Advantage and Part D” AND complete face-to-face, local market training prior to receiving a writing number. The good news is that if you completed AHIP’s training curriculum in 2011, your certificate is good with HealthSpring! You will only need to attend the face-to-face training. If you have already contracted with HealthSpring for the 2011 selling year, read below for criteria for recertifying for the 2012 selling season.

2011 CERTIFICATION REQUIREMENTS Agents Certified Through AHIP Prior to April 1, 2011

STEP 1	New Agent completes standard contracting paperwork and then completes AHIP online Registration at www.medicareonlinetraining.com/healthspring
STEP 2	New Agent attends face-to-face training. Sales trainer submits documentation to Corporate Sales Operations and writing number is issued to Agent
STEP 3	Agent certified to sell 2011 products

2011 CERTIFICATION REQUIREMENTS Agents Certifying Through AHIP After April 1, 2011

STEP 1	New Agent completes standard contracting paperwork and submits to Corporate Sales Operations
STEP 2	New Agent successfully completes AHIP’s Online Training Program for Medicare Advantage and Part D (5 modules)
STEP 3	New Agent schedules attendance at local office to complete face-to-face training
STEP 4	New Agent attends face-to-face training. Sales trainer submits documentation to Corporate Sales Operations and writing number is issued to Agent
STEP 5	Agent certified to sell 2011 products

2012 RECERTIFICATION REQUIREMENTS For Agents Who Certified Through AHIP Prior to June 15, 2011

STEP 1	Agent successfully completes AHIP’s Online <u>Recertification</u> Training Program for Medicare Advantage and Part D (Recertification requires only 3 modules) and submits
STEP 2	Agent completes the following classes online after completing the required AHIP modules. Fraud Waste and Abuse, HIPAA, Selling with Integrity, Compliance training and Provider training. The agent will then schedule the face-to-face training once completed
STEP 3	Agent attends face-to-face training and passes test with minimum score of 85%. Sales trainer submits documentation to Corporate Sales Operations
STEP 4	Agent certified to sell 2012 products

2012 RECERTIFICATION REQUIREMENTS For Agents Certifying Through AHIP For 1st Time

STEP 1	Agent successfully completes AHIP’s Online Training Program for Medicare Advantage and Part D (5 modules) and submits Certificate of Completion to Corporate Sales Operations
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STEP 2	Agent completes the following classes online after completing the required AHIP modules. Fraud Waste and Abuse, HIPAA, Selling with Integrity, Compliance training and Provider training. The agent will then schedule the face-to-face training once completed
STEP 3	Agent attends face-to-face training. Sales trainer submits documentation to Corporate Sales Operations
STEP 4	Agent certified to sell 2012 products

Instructions for Accessing AHIP's Online Training Program for Medicare Advantage and Part D

First Time Users of AHIP Online Training

STEP 1	Access the HealthSpring specific URL for the AHIP Medicare training – www.medicareonlinetraining.com/healthspring
STEP 2	Click on the link “To set up an account and purchase the training, click here.”
STEP 3	Fill out all the fields on the Registration page <ul style="list-style-type: none"> • Including agreeing to the AHIP legal terms and privacy statement • NOTE: By NOT agreeing to the privacy statement, HealthSpring will NOT be able to access your completion records
STEP 4	Click the “Register” button
STEP 5	You will receive a confirmation that your registration has been successful (and an email receipt will be sent) <ul style="list-style-type: none"> • Click the link to login
STEP 6	Enter your email and the password created at registration to login
STEP 7	Complete Parts 1 through 5 and the Final Exam for Certification <ul style="list-style-type: none"> • NOTE: CE credits are available at an additional fee. You will be prompted prior to launching the final exam if you would like CE credits or not.
STEP 8	Should you need a copy of your completion certificate, click “Generate Certificate” in the left navigation bar to generate a PDF copy

Existing Users of AHIP Online Training

STEP 1	Access the HealthSpring specific URL for the AHIP Medicare training – www.medicareonlinetraining.com/healthspring
STEP 2	Login with your EXISTING login information (do not register and create a new account) <ul style="list-style-type: none"> • If you have not completed the training, you can pick up where you left off
STEP 3	After login, click “Profile” to update the HealthSpring specific information required
STEP 4	Save/update your Profile and you're done!

Should the Agent have any technical or system issues with accessing or utilizing the AHIP website, please contact PinPoint at: (866) 234-6909 or e-mail info@InsuranceEducation.org



HEALTHSPRING

More from Medicare. More from life.

Contact information

All information is required to complete contracting

Last Name, first name, middle initial		Date of Birth	Social Security Number	
Address		City	State	Zip Code
()	()	()		
Phone	Cell Phone	Fax Number	E-mail Address	
Please list all websites and/or website affiliations:				

Provider business office locations for last five years:

Business address	City	State	ZIP Code	From	To
Business address	City	State	ZIP Code	From	To
Business address	City	State	ZIP Code	From	To

Professional designation:

Type of professional designation	From	To
Type of professional designation	From	To
Type of professional designation	From	To

List any insurance agency affiliations for the past five years:

Name of agency	City where agency is located	From	To
Name of agency	City where agency is located	From	To

Please indicate the service area(s) in which you plan to sell HealthSpring (please select all that apply):
 (You **MUST** have a currently active state Health license in all of the states for the service areas you selected below)

- | | |
|--|---|
| <input type="checkbox"/> Texas | <input type="checkbox"/> District of Columbia |
| <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Alabama |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Illinois |
| <input type="checkbox"/> New Jersey | <input type="checkbox"/> Mississippi |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Florida |
| <input type="checkbox"/> West Virginia | |

Additional information:

If an answer to any of the following questions is "yes," attach details on separate sheet of paper.

	Yes	No
A. Has your license to sell insurance or HMO Products ever been denied, suspended or revoked by any state?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have any complaints been filed against you with the State Department of Insurance or any other insurance regulatory board or agency within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been denied appointment or renewal appointment by any insurance and/or managed care company?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been party to a lawsuit relating to the insurance or managed care industry?		
1. Have any settlements ever been made on your behalf?		
2. Are there any claims or cases presently filed or pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been convicted or are you currently being charged or under investigation for any violation of the law other than minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
G. Are any legal actions pending against you by any employer, client, former associate, partner, state board of insurance, law enforcement agency or professional group or organization?	<input type="checkbox"/>	<input type="checkbox"/>
H. How long have you sold individual and/or group HMO products? _____		
I. How long have you been in the insurance business? _____		
J. Do you speak any foreign language? If yes, indicate language(s): _____		

I certify that the above statements are true and complete and no misrepresentations are contained with the application or attachments.

Signature

Date

SALES REPRESENTATIVE ADDENDUM

This Addendum is for any FMO/SGA/MGA/GA who is certified, licensed and appointed to sell Medicare Advantage products. Due to the high degree of compliance necessary and the fact that Medicare Advantage products are governed by State and Federal regulations, the Certified FMO/SGA/MGA/GA needs to comply with all HealthSpring Policies and Procedures, including but not limited to those set forth below.

FMO/SGA/MGA/GA agrees that it shall comply with all policies and regulations as set forth below and shall require each individual affiliated subordinate SGA/MGA/GA/Broker or Agent to execute this addendum to any agreement with FMO/SGA/MGA/GA selling within the sales hierarchy. FMO/SGA/MGA/GA also agrees to provide access to such addendums or agreements to HealthSpring upon reasonable notice.

FMO/SGA/MGA/GA agrees that any Contracted Agent affiliated with the FMO or a Subordinate SGA/MGA/GA that provides services to HealthSpring shall also be required to sign the HealthSpring Contracted Sales Agent HIPAA Agreement in the form provided by HealthSpring. This obligation is separate and in addition to HealthSpring requiring Contracted Agent to sign an agreement with FMO or a Subordinate SGA/MGA/GA that is consistent with the upline entity's Business Associate Addendum with HealthSpring. HealthSpring will obtain signed copies of this documentation before authorizing the Contracted Agent to access, create or receive individually identifiable health information.

□ Agent Qualifications

To be an authorized HealthSpring Agent/Broker, you must:

- Complete Agent/Broker credentialing administered by HealthSpring or its designee.
- Complete the HealthSpring Agent/Broker certification training and pass the required certification examination.
- Complete face-to-face training conducted by HealthSpring sales management in the market(s) where the Agent intends to sell.
- Be a licensed health agent in the state(s) in which HealthSpring operates, in good standing, and supply HealthSpring with a copy of the license upon request.
- Be appointed by HealthSpring as an agent, where applicable.
- Have an executed agreement with FMO, Subordinate SGA, MGA, GA or HealthSpring, as applicable.
- Agree to comply with all legal, compliance and regulatory guidance in accordance with applicable state, federal law and HealthSpring policies.
- Agree to receive continuing education relative to the current Medicare Advantage products and comply with any changes that occur relative to this program.
- Attend sales staff informational meetings in order to stay informed of compliance and regulatory changes, procedural changes, network changes, etc.

- Pass the annual recertification examination administered by HealthSpring or its designee.
- Agree to participate in field evaluations as required by CMS and HealthSpring.
- Have reasonable accessibility for receiving communications concerning immediate regulatory or network changes (i.e., phone, email, fax, pager, voicemail, etc.).
- Maintain a proficiency in, and knowledge of, HealthSpring's Medicare Advantage products as well as all necessary compliance requirements.
- Agree to adhere to HealthSpring sales performance and disciplinary standards as set forth in HealthSpring policies and procedures, herein incorporated by reference.
- Agree to comply with random drug testing programs in accordance with HealthSpring policy and procedure as applicable.
- Have an executed HIPAA Agreement for Agents affiliated with an Agency, or have a Business Associate Agreement for Agents directly contracted with HealthSpring.

❑ **Errors and Omissions**

FMO/SGA/MGA/GA shall, at all times during the term of this Agreement, maintain Errors and Omissions Insurance in amounts consistent with industry standards, but at no time less than \$1,000,000 per occurrence and \$1,000,000 aggregate limit, with a reasonable deductible. FMO shall request that notice be provided to HealthSpring by the insurer of any reduction, modification, cancellation or termination thereof. FMO/SGA/MGA/GA shall provide evidence to HealthSpring that such coverage is in force prior to the execution hereof, and from time to time upon HealthSpring's request. FMO/SGA/MGA/GA shall notify HealthSpring immediately if such insurance is or will be reduced, modified, canceled or terminated. Further, the FMO/SGA/MGA/GA shall ensure that all individuals employed by or contracted with FMO/SGA/MGA/GA, including Subordinate Brokers or Agents, shall maintain Errors and Omissions Insurance in amounts consistent with industry standards, but at no time less than \$250,000 per occurrence and \$250,000 aggregate limit, with a reasonable deductible, or the applicable state required coverage amounts, and to provide evidence of such coverage upon request by HealthSpring.

❑ **Individual Leads**

HealthSpring is not responsible for supporting the FMO/SGA/MGA/GA, Broker or Agent with leads or financial support in their prospecting efforts. During a visit with the prospect, FMO/SGA/MGA/GA, Broker or Agent can present the HealthSpring Medicare Advantage products with full disclosure and enroll the prospect. Referrals may only be sought in accordance with HealthSpring policy and applicable CMS guidelines. FMO/SGA/MGA/GA, Broker or Agent must follow all guidelines and regulations that govern the proper procedure for prospecting, and selling, the HealthSpring product including all requirements set forth under MIPPA and the CMS Medicare Marketing Guidelines.

❑ **Switching Hierarchies**

Agents or any entity in FMO/SGA/MGA/GA's Hierarchy may change sales hierarchies upon six (6) months prior written notice to HealthSpring in accordance with such Agent or other entity's

agreement with HealthSpring. Agents and other entities in the FMO/SGA/MGA/GA Hierarchy are permitted to changes sales hierarchies no more than once per calendar year. In the event any piece of FMO/SGA/MGA/GA “downline” (as described below) sales hierarchy is terminated or ceases to exist for any reason whatsoever, those legal entities or Agents that are “downline” from such entity may change hierarchies upon at least ten (10) business days written notice to HealthSpring.

In addition, Agents or any other entity in the FMO/SGA/MGA/GA Hierarchy may change sales hierarchy at any time upon written mutual agreement with such Agent’s or other entity’s direct “upline” piece of the applicable FMO/SGA/MGA/GA Hierarchy. FMO/SGA/MGA/GA consent to such change is not required. Any HealthSpring business and commission payments associated with the Agent or other entity in the FMO/SGA/MGA/GA Hierarchy will automatically move with such Agent or other entity to the new sales hierarchy they/it joins.

□ **Commissions – Individual Sales**

Enrollments must be a result of the direct contact between the FMO/SGA/MGA/GA, Broker or Agent and the individual prospect. HealthSpring will pay a commission for each individual whom FMO/SGA/MGA/GA, Broker or Agent enroll in a HealthSpring Medicare Advantage Plan. Commissions are paid per the current commission schedule set forth in Exhibit A. The allocated portion of the commission payments will be paid directly to the FMO/SGA/MGA/GA and Agent of Record during the normal commission payment schedule as set forth by HealthSpring policy unless otherwise agreed between the parties.

By: _____

Print Name: _____

Date: _____

**EXHIBIT A
MEDICARE ADVANTAGE PRODUCTS
SCHEDULE OF COMMISSIONS**

I. **Compensation Schedule.** Per CMS, Initial Compensation is paid only when the beneficiary is a new enrollee to Medicare or MA/MAPD, as validated by the CMS compensation reports. All 2012 compensation will be paid as Replacement Compensation unless CMS compensation reports indicate the compensation should be Initial Compensation. All agents will be compensated by HealthSpring at the rates indicated herein unless an alternative MIPPA compliant compensation plan is submitted with documented approval from HealthSpring. For enrollments with effective dates in the 2012 calendar year, the following compensation schedule will be in effect. Compensation for enrollments prior to 2012 will be calculated in accordance with the commission schedule in effect at that the time of the enrollment.

II.

HealthSpring Markets (Beginning with 1/1/2012 effectives):		
Sales Entity	Initial Compensation	Replacement/Renewal Compensation Years 2-6*
AL Independent Agents	\$402	\$201
IL Independent Agents	\$402	\$201
TN Independent Agents	\$402	\$201
DE, MD, TX, WV Independent Agents	\$402	\$201
DC, PA Independent Agents	\$453	\$227
NJ Independent Agents	\$503	\$252
<p>*Per CMS, Initial Compensation is paid only when the beneficiary is a new enrollee to Medicare or MA/MAPD, as validated by the CMS compensation reports. All 2012 compensation will be paid as Replacement Compensation unless CMS compensation reports indicate the compensation should be Initial Compensation.</p> <p>** All agents will be paid, by HealthSpring, the compensation indicated unless an alternative MIPPA compliant compensation plan is submitted with documented approval from HealthSpring.</p>		
<p><u>Referral Compensation</u></p> <p>Referral Brokers will be paid a one-time fee for each bona fide and documented referral that results in an enrollment. Standard three (3) month chargeback rules apply.</p> <p>Current fair market value for one-time Broker Referral Compensation* for 2012:</p> <p>\$200 - Alabama, N.W. Florida, and S. Mississippi</p> <p>\$250 - Tennessee, N. Mississippi, N. Georgia, Pennsylvania, Delaware, Maryland, New Jersey, District of Columbia and Texas</p> <p>\$400 – Illinois and S. Florida (Referrals only)</p> <p>*Standard three (3) month chargeback rules apply.</p>		

III. **HealthSpring Markets:**

Alabama Market:

Autauga, Baldwin, Bibb, Cherokee, Chilton, Cullman, Dallas, DeKalb, Elmore, Etowah, Fayette, Jefferson, Lamar, Limestone, Lowndes, Madison, Mobile, Montgomery, Shelby, St. Clair, Talladega, Tuscaloosa, and Walker counties.

Alabama Market also includes:

Northwest Florida: Escambia and Santa Rosa counties.

Southern Mississippi: Covington, Forrest, George, Hancock, Harrison, Jackson, Jones, Lamar, Marion, Pearl River, Perry, and Stone counties.

Mid-Atlantic Market:

Mid-Atlantic Market includes:

Delaware: Kent, New Castle, and Sussex counties.

Maryland: Anne Arundel, Baltimore, Baltimore City, Carroll, Cecil, Harford, Howard, Montgomery, and Prince George's counties

District of Columbia

Pennsylvania Market:

Allegheny, Bucks, Chester, Cumberland, Delaware, Lancaster, Montgomery, Philadelphia, Washington, Westmoreland, and York counties.

Pennsylvania Market also includes:

New Jersey: Atlantic, Burlington, Camden, and Gloucester

Tennessee Market:

Bedford, Bradley, Cannon, Carroll, Cheatham, Chester, Coffee, Crockett, Davidson, DeKalb, Dickson, Fayette, Franklin, Gibson, Grundy, Hamilton, Hickman, Knox, Macon, Madison, Marion, Marshall, Maury, McMinn, Meigs, Montgomery, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Sumner, Tipton, Trousdale, Warren, White, Williamson, and Wilson counties.

Tennessee Market also includes:

Northern Mississippi: Desoto and Tunica counties.

Northern Georgia: Catoosa, Dade, and Walker counties.

Texas Market:

Angelina, Bexar, Brazoria, Chambers, Cherokee, Collin, Dallas, Denton, El Paso, Ellis, Fort Bend, Galveston, Grayson, Gregg, Hardin, Harris, Henderson, Hood, Jasper, Jefferson, Johnson, Kaufman, Liberty, Lubbock, Montgomery, Nacogdoches, Newton, Orange, Parker, Polk, Rains, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Wise, and Wood counties.

Texas – Valley Market:

Cameron, Hidalgo, and Willacy counties.

Illinois Market:

Cook, DuPage, Kane, and Will counties.

West Virginia Market:

Boone, Jackson, Kanawha, Putnam, and Roane counties.

South Florida Market:
Miami-Dade County (Referrals Only)

IV. Requirements:

- a. All 2012 compensation will be paid as Replacement Compensation unless CMS compensation reports indicate the compensation should be Initial Compensation. All agents will be paid the compensation indicated unless an alternative MIPPA compliant compensation plan is submitted with documented approval from HealthSpring.
- b. Renewal Compensation will be paid up to five (5) years, subject to continuous member enrollment, in accordance with CMS guidelines for all sales that do not qualify for Initial Compensation.
- c. Compensation for enrollment applications shall be paid based upon the following schedule: Bravo-branded applications will be paid weekly based upon the application being successfully accreted. HealthSpring-branded applications received and processed between the 1st-15th of the month will be paid the last business day of that month. Enrollment applications received and processed between the 16th-31st of the month will be paid the 15th of the following month. All renewal compensation years 2-6 (if applicable) will be paid after 12 months of continuous coverage. Renewals, for example, that have an October 1 effective date will be paid October 31 of the following calendar year.
- d. The directly contracted Agent and writing agent of record that is paid their portion Initial Compensation or the Replacement Compensation will continue to receive their portion Renewal Compensation as set forth in the Six-year (6) Compensation Cycle, provided the member remains continuously enrolled with HealthSpring and an agreement with the Agent remains in place, subject to ongoing CMS guidance and policy changes.
- e. HealthSpring will pay the Agent of Record the applicable Agent Initial or Renewal Compensation consistent with MIPPA regulations, provided the Agent of Record remains in good standing with HealthSpring.
- f. Agent must attest, at minimum annually, they are in compliance with the compensation requirements and agree to audits of such relevant records by HealthSpring, upon reasonable notice.
- g. The HealthSpring assigned Agent ID indicated on the enrollment application identifies the Agent of Record and is used to determine whom to pay for the enrollment.
- h. Subject to an assignment of commissions, the directly contracted Exclusive or Non-exclusive Agent/Broker of Record who is paid the Initial Compensation will continue to receive Renewal Compensation, as set forth in the Six-Year (6) Compensation Cycle, provided the member remains continuously enrolled with HealthSpring and an agreement with the directly contracted Agent of Record remains in place; the directly contracted Agent of Record must be appointed with HealthSpring, certified and in good standing, subject to ongoing CMS guidance and policy changes.
- i. If an enrollee leaves the plan prior to month four (4), no compensation is earned and a one hundred percent (100%) chargeback will be made to compensation calculations (90-day chargeback period). Initial Compensation will be prorated months 4-12 if the

member leaves after 3 months; renewal compensation is not prorated if the member leaves after 3 months.

- j. In accordance with CMS guidelines as amended from time to time, if a member changes from one HealthSpring product to another HealthSpring product, no additional compensation will be paid, regardless of whether a new application is required. The original Agent of Record will continue to receive renewal compensation based on the original effective date as long as there has been no break in coverage.
- k. Renewal Compensation for effective dates prior to January 1, 2012, is subject to the sales compensation program in effect at the time of the original enrollment.
- l. Compensation disputes must be submitted in writing on an approved audit form; HealthSpring will research the issue and respond in writing as promptly as possible.

South Florida (Referrals Only) - Referral Compensation for enrollment applications received and processed between the 1st and 31st day of the month will be paid approximately 30 to 45 days after payment from CMS to LMCHP.

VI. **Miscellaneous**

Both parties agree that HealthSpring has a vested interest in its members' ongoing participation with HealthSpring. In recognition of this fact, Agent agrees to not attempt to move the members between Medicare Advantage Plans or a Medicare supplement policy without the approval of the HealthSpring. A pattern of violation of this provision by Agent is subject to termination with cause by HealthSpring, pursuant to the termination provisions of this Agreement.

This Exhibit A may be amended at any time at HealthSpring's discretion and with proper notice to the Agent.

In the event of any conflicting terms between this Exhibit A and the main body of the Agreement, this Exhibit A shall supersede as applicable.



HealthSpring
Assignment of Commissions

To _____ Tax ID _____
(Legal entity that Commissions are being assigned to, hereinafter the "Assignee")

Assignee's Address _____

City _____ State _____ Zip Code _____

Telephone _____

For valuable consideration, the undersigned, herein called the Assignor, hereby assigns to the Assignee all of the Assignor's right, title, interest, claim or demand in and to any and all compensation now due and payable, or which may become due and payable, under existing contracts and agreements heretofore entered into by and between HealthSpring, Inc. (the "Company") and Assignor.

Assignor hereby authorizes and empowers the Company to pay Assignee all compensation (including but not limited to over-riding commissions) now due or which may become due under the Agreement until such time as Assignor terminates this assignment by written notice to the Company. Assignor acknowledges and agrees that such payment of compensation to Assignee shall constitute payment of such compensation to the Assignor as if paid directly to the Assignor and the Company shall be fully released from any and all responsibility to the Assignor for such payments. Assignor hereby acknowledges and agrees that assignment of compensation payable under the agreement does not release or otherwise relieve Assignor of any obligation or responsibility under the Agreement including, but not limited to, the obligation to pay commissions to any applicable "downline" sales hierarchy and/or the obligation to reimburse the Company for compensation paid on premiums subsequently refunded.

Assignor hereby covenants and agrees that Assignor is the absolute and sole owner of said compensation, free from assignment or encumbrance of any kind or character whatsoever, and has full right and lawful authority to so assign same. The Assignor shall at all times defend, indemnify and hold harmless the Company and its officers, agents, and employees from and against any and all suits, actions, losses, damages, claims, expenses (including but not limited to the Company's legal expenses) and liability of any character, type or description arising out of the execution or performance

of this assignment.

Assignor Signature _____ Dated _____

Assignor Name _____
(Print)

Assignee Signature _____ Dated _____

The Company acknowledges receipt of, and consents to the foregoing assignment, but assumes no responsibility for the validity or sufficiency hereof. This assignment is effective on the date signed by an authorized representative of the company.

By _____ Dated _____
(Authorized Company Signature)

Company Representative Name _____ Title _____

(Print)

HealthSpring

RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE

The applicant for contracting acknowledges that this company may now, or at any time while contracted, verify information within the contract. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

You may also be asked to adhere to a random drug test at which HealthSpring has the right to initiate, subject to state notification provisions.

For California, Minnesota, and Oklahoma Applicants Only:* A consumer credit report will be obtained through Business Information Group, Inc., P.O. Box 541, Southampton, PA, 18966..

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes No

Initials

Initials

Date: _____ Signature of Applicant: _____

Print Name: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to

Electronic Payment (ACH) Authorization Agreement

 **HEALTHSPRING**  **HEALTHSPRING**
More from Medicare. More from life. More from Medicare. More from life.

I hereby authorize _____ to deposit any amounts owed me by initiating credit entries to the bank account listed below in the amounts specified. Also, I authorize _____ the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in force until the company receives written notice from me of its termination in such time and in such manner as to afford the company a reasonable opportunity to act on it.

Name (please print): _____

Social Security Number: - -

OR

Tax ID Number: -

Address:

Check One: Checking Savings

Requested Start Date for ACH: _____

Check One: New Change Stop

Bank Routing #

Bank Account #

*****MUST ATTACH A COPY OF A VOIDED CHECK*****

Signature _____

Date _____

**Agent Acknowledgement Form
&
Policy and Procedure Sign-Off**

In the performance of my duties as a contracted Agent for HealthSpring, I hereby acknowledge the following:

1. In offering products to Medicare beneficiaries, an organization and its contracted brokers/agents may not engage in any of the following practices or activities. **Prohibited practices** include, but are not limited to, the following:
 - Discriminatory practices/Forgeries
 - Door-to-door solicitations
 - Misrepresentations or activities which would mislead, confuse, or misrepresent improper payment
 - Conducting outbound telemarketing in violation of CMS/HealthSpring policy
 - Unauthorized language interpretations
 - Distribution of incorrect enrollment materials
 - Enrollment and/or marketing at education events
 - Marketing in healthcare settings (i.e. waiting rooms, exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas)
 - Offering gifts or payments to induce enrollment
 - Accepting gifts or any commissions from affiliated providers, vendors, and customers
 - Distribution of disapproved or unapproved marketing materials
2. I will represent HealthSpring in a responsible, accurate, and respectable manner at all times.
3. I understand that the unsolicited contact of Medicare beneficiaries is prohibited. All appointments must be pre-scheduled, with consent and scope of appointment documented.
4. I will provide accurate information regarding eligibility requirements, plan benefits, grievance, appeals, and disenrollment procedures.
5. I will abide by all CMS, State, and HealthSpring marketing guidelines.
6. I will not discriminate against any Medicare beneficiary who is eligible for a HealthSpring offering.
7. I will not make any statement, claim, or promise that conflicts with, alters, or erroneously expands upon either the information contained within CMS-approved materials or HealthSpring materials.
8. I will not mislead, confuse, or misrepresent to potential members about HealthSpring, competitive plans, or Medicare.
9. I will not misrepresent myself as an agent of Medicare, Social Security, or any agency of the federal government.
10. I will not offer any form of enticement, such as gifts or payments, to induce enrollment by potential members.
11. I will identify myself as representing HealthSpring to all prospective or current members.
12. I understand that violation of any of the above will result in disciplinary action up to and including contract termination.

A copy of this form has been placed in my individual electronic file with HealthSpring and a copy can be furnished to me upon my request to the health plan.

By signing this, Acknowledgement Form I, _____ confirm that I have received HealthSpring corporate Sales policies and procedures and will abide by all of the requirements set forth above. I also attest that I have read them completely and thoroughly, understand them to the fullest extent, and agree to abide by the guidelines they establish. If at any time I am unclear about a policy or have a question I will consult my Sales Manager/Sales Lead for further guidance.

Employed/Contracted Agent

Date

Sales Manager/Sales Lead

Date

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.

Social security number
or
Employer identification number

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

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 ▶	Date ▶
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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,