

CONTRACT REQUEST FORM

**PLEASE COMPLETELY FILL OUT ALL FIELDS AND
INCLUDE A COPY OF YOUR
INSURANCE LICENSE, DRIVERS LICENSE,
E&O INSURANCE AND A VOIDED CHECK.**

Once you have completed the contract please return by

Faxing all documents to 630-527-2551

Or

Scan documents and email back using We Transfer for large files.

Go to wetransfer.com

+Add Files

Send to contracting@myfieldtrainer.com

Please direct questions to contracting@myfieldtrainer.com

630-410-9629

THE INSURANCE ADVISOR NEW AGENT TRANSMITTAL

AGENT INFORMATION

FIRST NAME		LAST NAME	
HOME PH #		CELL PH #	
EMAIL ADDRESS			
DATE OF BIRTH		SOCIAL SECURITY #	
ADDRESS			
CITY		STATE	
		ZIP CODE	

HIERARCHY

FMO	TRUSTED SENIOR SPECIALISTS	SGA	ERIC NICHOLS
MGA		GA	

CC	Call Center Agent (Applies to Medicare Advantage Only)
DP	Direct Pay Agent

(Level will be filled in by manager)

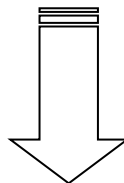
CC	DP	REQUESTED CONTRACTS				CC	DP
		Aetna	Level		Humana	Level	
		BCBS	Level		Transamerica	Level	
		Cigna HealthSpring	Level		United Healthcare	Level	
		Cigna Supplemental	Level		Wellcare	Level	
		Foresters	Level				

ONBOARDING CHECKLIST

	Completed Transmittal Form		Current Copy of Insurance License(s)
	Voided Check		
	BCBS Questionnaire if Applicable		
	Copy of Current E&O Certificate		

HUMANA SPECIFIC QUESTIONS

Are you now, or have you previously contracted with Humana?	YES	NO	If yes, SAN #
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BCBS QUESTIONNAIRE

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| Yes | No | 1. Has your license to sell insurance or HMO products ever been denied, suspended or revoked by any state? |
| Yes | No | 2. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years? |
| Yes | No | 3. Have you ever been denied appointment or renewal appointments by any insurance/and or managed care company? |
| Yes | No | 4. Have you ever been a party to a lawsuit relating to insurance or managed care coverage? |
| Yes | No | 5. Have any settlements ever been made on your behalf? |
| Yes | No | 6. Are there any claims or lawsuits presently pending against you? |
| Yes | No | 7. Have you ever been convicted of a crime other than minor traffic violations? |
| Yes | No | 8. Are you indebted to any policy holder or insurance company or managed care company? |
| Yes | No | 9. Is there any objection to an inspection report at HCSC's expense? |