

Producer Appointment Data Sheet



Section 1. FORM PURPOSE

New appointment Change

Section 2. PRODUCER INFORMATION

| | | | | | |
|---|-----------------------------|--|--------------------------|--|--|
| Full name (first, MI, last name) | | | Business name | | |
| Resident mailing address (No P.O. box) | | Preferred mailing <input type="checkbox"/> | Business mailing address | | Preferred mailing <input type="checkbox"/> |
| City | State | ZIP code | City | State | ZIP code |
| County | | | County | | |
| Physical business address, if different from business mailing address (City, state, ZIP code, county) | | | | | Preferred mailing <input type="checkbox"/> |
| Social security no./Gov. ID no. | National producer no. (NPN) | Tax ID no. | | Firm/Agency National producer no. (NPN)* | |
| Home phone | Home fax | Business phone Extension | | Business fax | |
| Date of birth (MM/DD/YYYY) | Personal e-mail address | Business e-mail address | | Agency principal date of birth** | |

Previous names. Have you used any other names or aliases in the last seven (7) years? Yes No If YES, please list any/all such names.

| Previous first name | Previous middle name | Previous last name |
|---------------------|----------------------|--------------------|
| | | |
| | | |
| | | |

*Only required if requesting an appointment for a firm/agency.

**Only required if requesting an appointment in Georgia.

Section 3. APPOINTMENT INFORMATION

| | | | | | |
|------------------------------|-------------------------------------|--------------------------------------|---|------------------------------|---|
| Type of appointment? | <input type="checkbox"/> Individual | <input type="checkbox"/> Firm/Agency | If incorporated, indicate type of corporation | | |
| Is firm/agency incorporated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> LLC | <input type="checkbox"/> LLP <input type="checkbox"/> S-Corporation |

Section 4. COMMISSION ASSIGNMENT (IF APPLICABLE)

| | |
|--------------------------|------------------------|
| Agency/corporation name* | Tax identification no. |
|--------------------------|------------------------|

*If commissions are to be assigned to an agency or corporation, agency/corporation name.

Section 5. COMMISSION HIERARCHY (IF APPLICABLE)

| | |
|-------------------------------------|--|
| Brokerage General Agency (BGA) name | BGA broker identification no. or BGA broker code |
|-------------------------------------|--|

Privacy Policy: Your privacy is important to us. We do not sell or share any personal information contained in this document with any third parties, with exception of providing information to state or government agencies for the express use of obtaining licenses or licensing information. We reserve the right to disclose your personally identifiable information as required by law and/or to comply with a judicial proceeding, court order, or legal process served on our company. We shall not be held responsible for any personal information obtained illegally by a third party via fax, e-mail, or other online transmittal.

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Section 6. PREVIOUS ADDRESS

Have you lived anywhere other than the above mentioned Legal residence in the last two (2) years? Yes No
 If YES, please list any/all such addresses. For additional information, please go to Remarks (Section 11).

| | | | | | |
|------------------|-------|----------|------------------|-------|----------|
| Previous address | | | Previous address | | |
| City | State | ZIP code | City | State | ZIP code |

Section 7. EMPLOYMENT HISTORY

Have you been employed anywhere other than with your current employer in the last two (2) years? Yes No
 If YES, please list any/all such employment history. For additional information, please use Remarks (Section 11).

| | | | | | |
|--------------------------|----------|----------|---------------------------|----------|----------|
| Current employer name | | | Previous employer name | | |
| Current employer address | | | Previous employer address | | |
| City | State | ZIP code | City | State | ZIP code |
| Start date | End date | | Start date | End date | |

Section 8. LICENSE INFORMATION. Please attach copies of all licenses where appointment is requested. If appointment requested, please indicate the line requested.

| Residence license state | Residence license no. | Residence license line of business | Appointment request/line of business |
|-----------------------------|---------------------------|--|--------------------------------------|
| | | | |
| | | | |
| | | | |
| Non-residence license state | Non-residence license no. | Non-residence license line of business | Appointment request/line of business |
| | | | |
| | | | |
| | | | |

Section 9. E & O POLICY INFORMATION. Please include a copy of your declaration page or certificate with application.

| Policy amount | Policy no. | Policy carrier | Effective date | Expiration date |
|---------------|------------|----------------|----------------|-----------------|
| | | | | |
| | | | | |

Section 10. BUSINESS PRACTICES

If you answer "YES" to any questions, attach a signed written explanation with all relevant information and supporting documents.

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you ever had an insurance license or appointment, or a securities registration, or an application for such, denied, suspended, cancelled or revoked? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Has an E&O carrier ever denied claims, paid claims, or cancelled your coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you even been subjected to an insurance or investment related consumer initiated complaint or proceeding? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are there any unsatisfied judgments, garnishments, or liens against you? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 10. BUSINESS PRACTICES (continued)

If you answer "YES" to any questions, attach a signed written explanation with all relevant information and supporting documents.

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 9. Are you in debt to any insurance company? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently party to any litigation or the subject of any investigations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been indicted for, convicted of, or pled guilty or nolo contendere to any felony or misdemeanor other than a minor traffic offense? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Has any employer, insurance company, or securities, broker-dealer ever terminated your employment or contract, or permitted you to resign for any other reason than lack of sales? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 11. REMARKS

Section 12. AUTHORIZATION

This notice is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents, and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the FCRA.

I acknowledge and agree that this Producer Appointment Data Sheet does not constitute a contract of any kind. I hereby authorize the Company and its authorized agents to investigate my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of qualifications for my appointment, I hereby consent to the Producer Appointment Form and background information to government or regulatory agencies.

I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources, or from the furnishing of the same. This is a continuing authorization.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Producer Appointment Data Sheet and background information, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Main law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

I certify that I have read and understand the above information.

| | |
|-----------------------|-----------------------|
| Signature X | Date (MM/DD/YYYY) |
|-----------------------|-----------------------|