

## Anthem Contracting

Anthem Agent Contracting: Thanks for looking at our Opportunity to become an Independent Contractor with Affordable Health Insurance Agency, LLC and Anthem Blue Cross. It was a pleasure talking with you! Here is all the paperwork needed for contracting with us. If you have any questions, feel free to call us at 888-883-8490 or 262-784-7344.

- Print off and Fill out this paper work with Black Pen, print and write legible.
- Please Fax or Mail us your filled out paperwork and copies of your state licenses that you wish to be appointed in and a Copy of your Errors and Omissions Insurance (E & O). You must have E & O with Anthem.
- Mail to:

Affordable Health Insurance Agency, LLC  
Attn: Kevin  
17100 W. Bluemound Road Ste 202  
Brookfield, WI 53005  
FAX: 262-821-0508

- Any questions feel free to call me at the number above.



# WISCONSIN AGENT/AGENCY APPLICATION FOR APPOINTMENT HEALTH AND DENTAL

### Application Type:

- New Agency Appointment
- Add Agent(s) to Existing Agency
- Change/Update Existing Information

RSM Judy Fisher

## Section 1. Agency Information (Please Print)

Please state name and address exactly as it appears on file with the IRS

<b>Full name of Agency</b> Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.		<b>Federal Employer Identification Number (Tax I.D. Number) OR Social Security Number that corresponds to legal number as provided.</b>	
<u>Liberty Insurance Group</u>		<u>39-1975208</u>	
<b>AGENCY PRINCIPAL NAME</b> <u>P. Todd Catlin</u>	PLEASE CHECK APPROPRIATE ITEM:	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Please identify)
<b>BUSINESS MAILING ADDRESS</b> <u>17100 W. Bluemound Rd Ste 202</u>			
<b>CITY</b> <u>Brookfield</u>	<b>STATE</b> <u>WI</u>	<b>ZIP CODE</b> <u>53005</u>	
<b>PHONE NO.</b> <u>(262) 785-1221</u>	<b>FAX NO.</b> <u>(262) 821-0508</u>	<b>E-MAIL ADDRESS</b> <u>Libertyinsurance@aol.com</u>	<b>WEBSITE ADDRESS</b> <u>www.HSAWI.com</u>
<b>PHYSICAL BUSINESS ADDRESS (if different from mailing address)</b>			

## Section 2. Writing Agent Information

<b>Full name of Writing Agent</b> Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.			<b>Social Security Number that corresponds to legal name as provided.</b>
<b>BUSINESS MAILING ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>DATE OF BIRTH</b>	<b>PHONE NO.</b> ( )	<b>FAX NO.</b> ( )	<b>CELL PHONE NUMBER</b>
<b>GENDER</b> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>E-MAIL ADDRESS</b>	
<b>PHYSICAL BUSINESS ADDRESS (if different from business mailing address)</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>RESIDENTIAL MAILING ADDRESS (IF APPLICABLE)</b>			<b>RESIDENT COUNTY</b>
<b>RESIDENT CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>RESIDENT PHONE NO.</b> ( )	<b>RESIDENT FAX NO.</b> ( )	<b>ARE YOU A RESIDENT OF THIS STATE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>MAIDEN NAME OR OTHER NAMES USED</b>			

Anthem Blue Cross and Blue Shield is the trade name of: In Wisconsin, Blue Cross and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the PCS policies. Life and disability products are underwritten by Anthem Life Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

**Section 3. Writing Agent Qualifications**

- 1. Have you ever been convicted of a crime or misdemeanor involving dishonesty, fraud, deceit, perjury, misrepresentation, a violation of 18 U.S. C.A. # 1033 or moral turpitude?  Yes  No
- 2. Have you ever been denied or had a license revoked or suspended in any state for the purpose of selling insurance or securities?  Yes  No
- 3. Has any disciplinary action ever been taken against you pertaining to the sale of insurance or securities?  Yes  No
- 4. Have you ever been involved in an investigation with any state insurance department?  Yes  No
- 5. Have you ever had your appointment terminated by another insurance company for any reason other than lack of production?  Yes  No

**If you answered Yes to any question above, please attach an explanation.**

Fair Credit Reporting Act: Public law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information and scope of the report, if one is made, will be provided.

I understand that Anthem Blue Cross and Blue Shield is not and shall not be liable to me nor shall liability to me be implied for any of the obligation owed to me by the agent/agency to which I am appointed. I understand that all commissions are payable to the agency/agent listed above. My compensation and/or reimbursement for expenses, if any, is strictly and solely a matter between the agency/agent listed above and myself; and under no circumstances whatsoever shall I have any claim against Anthem Blue Cross and Blue Shield for compensation, commissions, expenses or any other payment. I agree to be bound by and to abide by the terms and conditions which exist under the agent agreement entered into between the agent/agency to which I am appointed and Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield shall have the right to enforce the agent agreement which exists between the agent/agency and Anthem Blue Cross and Blue Shield as against me directly and may proceed against me directly. I understand that Anthem Blue Cross and Blue Shield reserves the right to terminate my appointment. I agree that this Application for Employment and any subsequent appointment only pertains to the Anthem Blue Cross and Blue Shield company or companies for which the agent/agency to which I am appointed has an Agent Agreement in effect.

I hereby authorize Anthem Blue Cross and Blue Shield and/or its agent to make independent investigation of my background, references, character, past employment, education, criminal or police records including those maintained by both public and provide organizations and all public records of the purpose of confirming the information contained on my Application and/or obtaining other information which may be material for my qualification for appointment.

I release Anthem Blue Cross and Blue Shield and/or its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

I, the undersigned applicant, agree to the following:

I, the applicant, acknowledge that I have personally read, understood and completed this application. I agree to all terms and conditions.

I certify that all information that I have provided is true and correct to the best of my knowledge.

If an agency principal is applying, the agency warrants that and certifies that the individual signing on the agency behalf is authorized by the agency to complete and sign this agreement.

This agreement consists of this Agent/Agency Application for Appointment, the attached Terms and Conditions to the Agent Agreement, and attached commission schedule(s).

**Agency Principal Signature:**

P. Todd Catlin  
Please print name (as it appears on your Department of Insurance License)

P. Todd Catlin  
Agency Signature (as it appears on your Department of Insurance License)

Date

**Writing Agent's Signature:**

\_\_\_\_\_  
Please print name (as it appears on your Department of Insurance License) and Title

\_\_\_\_\_  
Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)

Date

The next 5 pages are for Group Insurance Contracting + Life Group Ins. Contracting.



# Personal Data Sheet

**Instructions:**

1. Complete all sections of the Personal Data Sheet. A form will need to be completed for each individual or corporation who will receive commissions.
2. Attach a copy of your current resident license. Attach a copy of any non-resident license in which you are requesting appointment. If commissions are to be paid to a corporation, include a copy of both the individual and corporate license.
3. Send completed Personal Data Sheet, state required form, if any, and copy of current license to appropriate Anthem affiliate.

<b>For Office Use Only</b>	
Producer number	Other

<b>Applicant Information</b>			
Agent name		Social Security number	Date of birth
Business address		City	State ZIP code
Business county	Business Phone Number (include area code)	Business fax number (include area code)	
Resident address		City	State ZIP code
Email address	Resident County	Resident phone (include area code)	
Currently licensed to sell life business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list resident state	

1. Have you ever been known by any name other than that noted as agent name? <i>If yes, please list on back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your primary source of income from Life & Health Insurance Sales? <i>If no, explain on back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you now working full time in the insurance business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been fined, censured or reprimanded by any insurance regulatory body? <i>If yes, explain fully, including the date, state and nature of the infraction on the back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has your agent license ever been suspended or revoked by any insurance regulatory body? <i>If yes, explain fully, including the date, state and why on the back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been named as party to a lawsuit as a result of a policy of insurance you sold or has any company you sold been named in a lawsuit as a result of a policy you sold? <i>If yes, give complete details, including the outcome of the suit on the back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has a customer ever filed a complaint against you with any insurance regulatory body? <i>If yes, please list state, nature of complaint and the eventual outcome on the back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been required to submit a statement to any insurance regulatory body or any insurance company regarding your sale of insurance to a particular individual? <i>If yes, how many times _____ List details on the back of this form</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How many years have you been in the insurance business? _____		
10. Have you ever filed for or been declared bankrupt or insolvent, either personally or in business? <i>If yes, please list date and explanation on the back of this form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever been convicted of a crime under 18 U.S.C. 1033?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been convicted of a felony or misdemeanor under any other federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been convicted of a felony or misdemeanor in any state court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. <i>Do you carry an Errors &amp; Omissions Policy?</i> <i>If yes, list policy number _____ Carrier's name and phone number _____</i> <i>Limit of Liability: Per occurrence _____ Per Aggregate _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does any insurance company claim you owe any balance of commissions or premium? <i>If yes, list the companies and the amounts _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If commissions are to be paid to a firm or corporation, please complete the information below. (Also complete a PDS for the principal officer.)**

Corporation name	
IRS number	Is the corporation currently licensed? <i>If yes, attach a copy of the license.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

**IMPORTANT NOTICE TO APPLICANT: You MUST sign and date this notice prior to appointment approval.**

I agree to comply with all the regulations of Anthem Health Plans of Kentucky, Inc.; Anthem Insurance Companies, Inc.; Community Insurance Company, Inc.; Anthem Life Insurance Companies, and the state Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Anthem will run a routine inspection to provide information concerning my general reputation, personal characteristics and mode of living in connection with my application to act as one of their representatives. This report may be obtained through personal interviews with third parties such as family members, business associates, financial resources, friends, neighbors or others that I am associated with.

I certify that I have read and understand the above information and all answers to the above questions are true and correct.

<b>Signature of applicant</b> X	<b>Date</b>
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# AGENT/AGENCY APPLICATION FOR APPOINTMENT

UniCare Life & Health Insurance Company  
 UniCare Health Insurance Company of the Midwest (IN and IL only)  
 UniCare Health Plans of the Midwest, Inc. (HMO only in IL/IN)  
 UniCare Health Insurance Company of Texas (Texas only)  
 UniCare Health Plans of Texas, Inc. (HMO only in Texas)

**Pay commissions to:**

agency Liberty Ins. Group  
 writing agent \_\_\_\_\_

Please initial your selection.

 Check here if you are a Farmers Agent**Section 1. Agency Information (Please Print)****Please state name and address exactly as it appears on file with the IRS**

COMPANY NO. 252, 253, 276, or 365	MBU CSG	RSR# Judy Fisher	UNICARE SALES & RENEWAL EXECUTIVE	
PLEASE DESIGNATE STATE IN WHICH YOU ARE REQUESTING APPOINTMENT.	ARE YOU A RESIDENT OF THIS STATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE CHECK APPROPRIATE ITEM: <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Please identify)		
<b>FULL NAME OF AGENCY</b> Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.		Federal Employer Identification Number (Tax I.D. Number)		
Liberty Insurance Group, Inc		39-1975208		
<b>BUSINESS MAILING ADDRESS</b> 17100 W. Bluemound Rd Ste 202				
CITY Brookfield		STATE WI	ZIP CODE 53005	
PHONE NO. (262) 785-1221	FAX NO. (262) 821-0508	E-MAIL ADDRESS Libertyinsurance@aol.com		

**Section 2. Writing Agent Information**

<b>FULL NAME OF WRITING AGENT</b> Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.			Social Security Number that corresponds to legal name as provided	
<b>BUSINESS MAILING ADDRESS</b>				
CITY		STATE	ZIP CODE	
DATE OF BIRTH	PHONE NO. ( ) ( )	FAX NO. ( ) ( )	E-MAIL ADDRESS	
<b>PHYSICAL BUSINESS ADDRESS (if different from business mailing address)</b>				
CITY		STATE	ZIP CODE	
<b>RESIDENT MAILING ADDRESS (IF APPLICABLE)</b>			RESIDENT COUNTY	
RESIDENT CITY		STATE	ZIP CODE	
RESIDENT PHONE NO. ( ) ( )	RESIDENT FAX NO. ( ) ( )	BENEFICIARY		
BENEFICIARY RELATIONSHIP			Social Security Number that corresponds to legal name as provided	
BENEFICIARY MAILING ADDRESS (IF APPLICABLE)			BENEFICIARY COUNTY	
BENEFICIARY CITY		STATE	ZIP CODE	PHONE NO. ( ) ( )

### Section 3. Writing Agent Qualifications

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY INVOLVING FRAUD OR DECEIT?  
 NO  YES If yes, explain: \_\_\_\_\_

2. HAS YOUR AGENT'S LICENSE EVER BEEN SUSPENDED, REVOKED OR TERMINATED?  
 NO  YES If yes, explain: \_\_\_\_\_

3. ARE YOU CURRENTLY INVOLVED IN AN INSURANCE DEPARTMENT HEARING?  
 NO  YES If yes, explain: \_\_\_\_\_

4. DO YOU CURRENTLY HAVE ERRORS AND OMISSIONS COVERAGE?  
 NO  YES Carrier Name: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. DO YOU UNDERSTAND THAT REQUIREMENTS FOR MAINTAINING YOUR CONTRACT WITH UNICARE INCLUDE COMPANY AVERAGE PERSISTENCY, PROFITABLE LOSS RATIO AND PRODUCTION AS AGREED UPON WITH YOUR REGIONAL SALES MANAGER? (if applicable)  YES

6. DO YOU WANT YOUR NAME TO APPEAR ON COMPANY PUBLICATIONS?  
 NO  YES

7. ARE YOU FLUENT IN A FOREIGN LANGUAGE?  
 NO  YES If yes, please list: \_\_\_\_\_  SPEAK  READ  WRITE

8. I ACKNOWLEDGE THAT I HAVE READ AND WILL ABIDE BY THE UNICARE AGENT CODE OF ETHICS.  YES

#### Agent/Sub-Agent

\_\_\_\_\_  
Please print name (as it appears on your Department of Insurance License)

X \_\_\_\_\_  
Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)

\_\_\_\_\_  
Date

#### Agency

Peter Todd Catlin  
Please print name (as it appears on your Department of Insurance License) and Title

X P. Todd Catlin  
Agency Signature (as it appears on your Department of Insurance License)

\_\_\_\_\_  
Date

Christin Unruh Thomas

Christin Unruh-Thomas  
Vice President, UniCare CSG Sales

**Fair Credit Reporting Act:** Public law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information and scope of the report, if one is made, will be provided.

I understand that UniCare is not and shall not be liable to me nor shall liability to me be implied for any of the obligation owed to me by the agent/agency to which I am appointed. I understand that all commissions are payable to the agency/agent listed above. My compensation and/or reimbursement for expenses, if any, is strictly and solely a matter between the agency/agent listed above and myself; and under no circumstances whatsoever shall I have any claim against UniCare for compensation, commissions, expenses or any other payment. I agree to be bound by and to abide by the terms and conditions which exist under the agent agreement entered into between the agent/agency to which I am appointed and UniCare. UniCare shall have the right to enforce the agent agreement which exists between the agent/agency and UniCare as against me directly and may proceed against me directly. I understand that UniCare reserves the right to terminate my appointment. I agree that this Application for Employment and any subsequent appointment only pertains to the UniCare company or companies for which the agent/agency to which I am appointed has an Agent Agreement in effect.

I hereby authorize UniCare and/or its agent to make independent investigation of my background, references, character, past employment, education, criminal or police records including those maintained by both public and private organizations and all public records of the purpose of confirming the information contained on my Application and/or obtaining other information which may be material for my qualification for appointment.

I release UniCare and/or its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

I, the applicant or individual on behalf of an agency applicant, acknowledges that I have personally read, understood and completed this application.

I certify that all information that I have provided is true and correct to the best of my knowledge.

If an agency is applying, the agency warrants that and certifies that the individual signing on the agency behalf is authorized by the agency to complete and sign this agreement.

I, the undersigned applicant or individual on behalf of an agency applicant agree to the following:

This agreement consists of this Agent/Agency Agreement and Application for Appointment, the attached Terms and Conditions to the Agent Agreement, and attached commission schedule(s).

I acknowledge that I have personally read, understood and completed this Agent/Agency Agreement and Application for Appointment, the attached Agent Agreement Terms and Conditions, and attached commission schedule(s) in their entirety. I agree to all terms and conditions.

MAIDEN NAME OR OTHER NAMES USED	DRIVER'S LICENSE NUMBER	STATE OF LICENSE	
Previous address if you have lived at your current address for less than 2 years.	CITY	STATE	HOW LONG?
RACE*	SEX*	DATE OF BIRTH*	

\* NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for agent appointment. UniCare is an equal opportunity employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National origin.

**Agent/Sub-Agent**

\_\_\_\_\_  
Please print name (as it appears on your Department of Insurance License)

**X** \_\_\_\_\_  
Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)

\_\_\_\_\_  
Date

**Agency**  
*Peter Todd Catlin*  
\_\_\_\_\_  
Please print name (as it appears on your Department of Insurance License)

*Owner*  
\_\_\_\_\_  
Title

**X** *P. Todd Catlin*  
\_\_\_\_\_  
Agency Signature (as it appears on your Department of Insurance License)

\_\_\_\_\_  
Date