UNITEDhealthcare™ REQUEST FOR APPOINTMENT

COMPENSATION SERVICES
450 COLUMBUS BLVD., 4NB-A, P.O. BOX 150450
HARTFORD, CT 06115-0450
Fax: (860) 702-6807

AGENT INFORMATION:

Name ______________________ D.O.B. __________ S.S.# ___________

Business Address ______________________ Phone ( ) ___________
Street (and P.O. Box if applicable)

______________________ Fax ( ) ___________
City State Zip

Residence Address ______________________
(required) Street

____
City State Zip

Please send mail to:
- ☐ Business
- ☐ Residence

State(s) in which you wish to be appointed: ______________ (attach copies of licenses)

I request appointment to represent the following companies:

- ☐ The MetraHealth Insurance Company, a United HealthCare company
- ☐ The MetraHealth Insurance Company of New York, a United HealthCare company
- ☐ MetraHealth Care Plan of ____________, a United HealthCare company
- ☐ United HealthCare of ____________
- ☐ ____________ [other UHC entity]
- ☐ The Travelers Insurance Company
- ☐ Metropolitan Life Insurance Company

Name of Insurance Company(ies) you represent: 1. ____________ 2. ____________

Has your license ever been suspended or revoked? If yes, please explain. ____________

Do you wish to assign your commission(s)? ☐ No ☐ Yes *If yes, complete the next section:*

If appointed, I hereby authorize any of the companies that I am appointed to represent to pay commissions to the assignee below:

Agency Name ____________ FED I.D. # ____________

Agency Address ____________

Signature ____________ Your title ____________

I authorize payment to the assignee of all such commission, without notice to me, and without requiring any further authorization from me. Payment to the assignee shall constitute a full and complete release and discharge of any company liable for payment of such commissions. I hold any of the companies that I am appointed to represent harmless from any and all claims for commissions which are subject to this assignment.

SOLD CASE INFORMATION:

Policy Number: ____________ Policy Name: ____________

A routine inquiry may be made in accordance with state requirements which will obtain information concerning your character, general reputation, personal characteristics, and mode of living. This inquiry may include information regarding employment, financial and/or criminal history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided. Your signature below acknowledges your understanding of this procedure and authorizes us to do any background investigation we deem necessary to allow you to be appointed to represent any of United HealthCare's affiliated insurers and/or HMO's, The Travelers Insurance Company, and/or Metropolitan Life Insurance Company.

If appointed to represent any of the above companies, you understand that you will be considered an independent contractor, and not an employee of such company(ies). This application and any attachments become a part of your agent's file with any of the companies that you are appointed to represent.

Date ____________ Applicant's Signature ____________