

Sales Office/Health Plan location: \_\_\_\_\_

**\*\*PLEASE TYPE OR PRINT\*\***

**AGENT INFORMATION: (attach copies of licenses & proof of continuing education compliance)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Business Address \_\_\_\_\_ Phone #: \_\_\_\_\_

Street (and PO Box if applicable)

Fax #: \_\_\_\_\_

City

State

Zip

Residence Address \_\_\_\_\_

Street

City

State

Zip

Please send mail to:

- Business  
 Residence

State(s) in which you wish to be appointed: \_\_\_\_\_ License number(s) \_\_\_\_\_

(Attach copies of licenses)

I request appointment to represent the following companies:

- United HealthCare Insurance Company  Metropolitan Life Insurance Company  Local UHC Health Plan

Employment history (past 5 years-attach additional pages if necessary)

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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 (attach copies of agency licenses)*

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 ID #: \_\_\_\_\_

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.

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 Health Maintenance Organizations 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: \_\_\_\_\_