



License & Appointment

– Corporation/Partnership Confidential Data Sheet

PLEASE RESPOND TO ALL QUESTIONS- Please Type or Print clearly

Firm Name: _____
Address for Compensation (All compensation will be paid to the corporation as listed above)
Street: _____ E-Mail Address: _____
City: _____ State: _____ County: _____ Zip: _____ - _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
State of Domicile: _____ Date of Incorporation: _____ Tax Identification Number: _____

Producer/Agent Information

(All Producers/Agents must fill out a Producer/Agent Confidential Data Sheet)

Full Name: _____ Social Security Number : _____ Date of Birth: _____
Names and Titles of all corporate directors, partners, owners and officers: (attach a separate sheet, if necessary)

Name	Title	State Where Licensed	License Number

Contact person for Corp. licensing : _____ Phone: (_____) _____ - _____

State(s) in which an appointment is requested: _____ (Attach copies of licenses)

E&O Coverage: ☐ Yes ☐ No Amount : \$ _____ E&O Carrier: _____ Policy#: _____

Attach Copies of E&O Declaration Page or Certificate of Insurance

THE FOLLOWING QUESTIONS ARE APPLICABLE TO THE CORPORATION/PARTNERSHIP AND TO EACH OF THE PARTNERS, MEMBERS, DIRECTORS, OFFICERS OR AGENTS INDIVIDUALLY. IF THE ANSWER IS 'YES' TO ANY OF THESE QUESTIONS, PROVIDE COMPLETE DETAILS ON A SEPARATE SHEET OF PAPER. TO THE BEST OF YOUR KNOWLEDGE:

A. Have you or any of the partners, directors, officers or agents within this corporation/partnership ever been fined, reprimanded, sanctioned or been the subject of a consent decree in any state for a violation of insurance laws,

HMO regulations or other administrative regulations?..... ☐

Yes ☐ No

B. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been refused license to sell insurance/HMO or, has a license to sell insurance/HMO ever been suspended or revoked by any state?..... ☐

Yes ☐ No

C. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been convicted of a crime, whether felony or misdemeanor other than a minor traffic violation?..... ☐ Yes ☐ No

D. If you or any of the partners, members, directors, officers or agents within this corporation/partnership have ever been employed by an insurance/HMO company, or another organization providing for or assisting with administration of health care or other employee benefits, was the employment contract terminated or non-renewed because of allegations of wrongdoing?..... ☐

Yes ☐ No

E. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever surrendered any insurance or HMO license, whether voluntary or involuntary?..... ☐ Yes ☐ No

F. Are you or any of the partners, members, directors, officers or agents with in this corporation/partnership currently a named party in any lawsuit?..... ☐ Yes ☐ No



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If you answered **yes** to any of the questions (A to F), please give details and the current status. (attach any pertinent documentation):



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I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I have been advised that one or more Aetna US Healthcare companies (the Company) may conduct investigations in connection with my request to represent the Company in the solicitation of Aetna US Healthcare Group products. I hereby consent to the Company requesting and obtaining all information as discussed in this paragraph and for all such reports to be requested by and provided to the Company.

I understand that a routine inquiry may be made as a requirement for state appointment. If applicable, the Company may obtain reports from a consumer reporting agency, an investigation report or inquiries from State Insurance Department. Any information that the Company obtains about me will be treated as confidential.

FAIR CREDIT REPORTING ACT-As part of its regular procedures, the Company may obtain an investigative consumer report. It may deal with character, reputation, personal traits and life style. It may involve personal interviews with friends, neighbors and associates.

I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the above.

In signing this agreement I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform Aetna U.S. Healthcare, Inc. of any conviction of the types described in the preceding sentence

I understand that if any of the information I provided is found to be incorrect or incomplete, it may be grounds for non appointment or my immediate termination at the discretion of the Company.

OFFICER'S

SIGNATURE: _____ TITLE: _____ DATE: _____

FOR AETNA US HEALTHCARE OFFICE USE ONLY

EPIC Vendor Number: _____ SPCS Vendor #: _____ Office Code: _____

Unit Assignment: _____ Brokerage Mgr: _____ PAIS Number: _____

Administration: _____ Licensing: _____ Compensation: _____

New Appointment ☐ Yes ☐ No ReAppointment ☐ Yes ☐ No If yes, Vendor Number: _____

Submitted By: _____ Licensing Office: Houston

Legal Entity: _____ States to appoint in: _____ Legal Entity: _____ States to appoint in: _____

Legal Entity: _____ States to appoint in: _____ Legal Entity: _____ States to appoint in: _____

Group Representative _____ Group Office: _____