

VAN BERG & ASSOCIATES
INSURANCE MARKETING, INC

8425 BRENTWOOD BLVD., STE A3
BRENTWOOD, CA 94513

PLEASE FAX THE ATTACHED CONTRACT
925-520-2449

ENSURE YOU INCLUDE
A COPY OF YOUR CURRENT INSURANCE LICENSE
ALONG WITH ANY OTHER SUPPORTING DOCUMENTS THE
CONTRACT MAY REQUIRE
(I.E. E&O INSURANCE, VOID CHECK, W-9)

FOR QUESTIONS PLEASE CALL

877-776-8919
OR
925-634-5702

PRODUCER CHECKLIST

Prior to commencing to sell or market any Health Net Medicare Product, you need to follow each step listed below to ensure accurate completion and efficient processing of your Producer Agreement. By selling or assuming Health Net business, you agree to the terms of this Agreement. Thank you.

☐ **STEP 1**

Complete the Producer Agreement Cover Sheet, sign and date it.

☐ **STEP 2**

Enclose a copy of your State Insurance license(s), and appropriate state appointment form(s) (if applicable).

NOTE: the name on the Producer Agreement Cover Sheet must exactly match the name appearing on the license(s) and W9 tax form.

☐ **STEP 3**

Enclose the appropriate completed W9 tax form:

- with your social security number, if submitting the insurance license(s) in your name
- with the tax identification number, if submitting the company insurance license(s)

☐ **STEP 4**

Enclose a copy of your agency affiliation (if applicable).

☐ **STEP 5**

Enclose a copy of your on-line certification printout(s) showing your test score.

☐ **STEP 6**

Send all of the above completed forms and supporting documents to our regional sales office.

Please be sure that your application is complete and accurate. Incomplete forms or applications will be returned to the applicant.

APPENDIX A

PRODUCER MARKETING AUTHORIZATION AGREEMENT MEDICARE PRODUCTS – GROUP AND INDIVIDUAL

PLEASE PRINT: (ALL INFORMATION IS REQUIRED TO PROCESS PAYMENTS PROPERLY)

NAME	HEALTH NET ID #
STREET ADDRESS	
CITY, STATE	ZIP
EMAIL:	BUSINESS PHONE
STATE INSURANCE LICENSE NUMBER	FTIN/SSN:
AUTHORIZATION EFFECTIVE DATE	

COMPANY	AGENCY
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____

By signing this Producer Marketing Authorization Agreement, I acknowledge and agree on behalf of the Producer identified above that:

- (1) Any existing agreement, whether written or oral, between Company and Producer authorizing Producer to market or sell Health Net, Inc. and its affiliates' Medicare products shall terminate effective on the "Authorization Effective Date" set forth above.
- (2) Producer's authority to market and promote Health Net's Medicare products shall be managed and governed in accordance with Producer's relationship with Agency. Company shall not be a party to or otherwise responsible for such relationship, whether or not Health Net issues payment or related tax documents directly to Producer under a split commission arrangement between Agency and Health Net.
- (3) Agency has fully explained to Producer the nature of this Producer Marketing Authorization Agreement, and that until terminated by either Health Net or Agency, Health Net will not be able to contract with Producer directly to market Health Net's Medicare products.
- (4) Although making these acknowledgments, Producer is not a party to this Producer Marketing Authorization Agreement or any other agreement between Agency and Health Net.

PRODUCER

By: _____
Name: _____
Title: _____

W-9

**Request for Taxpayer
Identification Number and Certification**

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

HEALTH NET CALIFORNIA, INC.
Direct Deposit Authorization Agreement for External Broker

I authorize HEALTH NET CALIFORNIA, INC., hereinafter called COMPANY, to make payment of any amount owing me (us) by initiating credit entries into the account and at the bank listed below. This agreement will remain until I give written notice to change financial institutions, terminate service, or until COMPANY notifies me that this service has been terminated. I hereby authorize COMPANY and the financial institution to electronically deposit any payment into my designated account and to correct my account for any amounts deposited to which I am not entitled.

BROKER NAME
(As it appears on license):

VENDOR/ BROKER ID#
(Please list all ids that apply):

SSN / COMPANY TAX ID
(Of above licensed broker name):

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE #:

AUTHORIZED BY: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

INSTRUCTIONS FOR DIRECT DEPOSIT

Fill in complete banking information where indicated. If routing number is unknown, please contact your bank. **Without the correct Routing Number, the automatic deposit cannot be processed and your conversion to electronic funds transfer will be delayed.**

CHECK ONE: ☐ New Direct Deposit with A/P ☐ Change Existing Deposit with A/P

BANK NAME:

ROUTING #: **ACCOUNT #:**

ACCOUNT TYPE: ☐ Checking (Please attach a Voided Bank Check)

Please Note: It takes approximately 2 weeks to implement an automatic deposit. **If you transfer to a new Bank, or if you change accounts, your automatic deposit may be interrupted.** Any question regarding this process, please contact our Broker Relations Department at 1-800-448-4411 and select option #4.

Mail or Fax this completed form to
Health Net California, Inc.
Broker Commissions Department CA-100-04-02
P.O. Box 9103, Van Nuys, CA 91409-9103
Fax # 818-676-5524