

Instructions for Application to Sell UnitedHealthcare Products

PLEASE READ THOROUGHLY

General Information

All external producers (E.g., agents and agencies) intending to solicit business on behalf of UnitedHealthcare (UHC) must be authorized to represent the company and its products. Authorization includes entering into a legal agreement with UHC and being appointed by the company. You must submit an agent/agency agreement, appointment forms, and license information as required by applicable federal and state laws and UHC policy to be appointed.

If you are applying for an agency appointment, state requirements mandate that each agency appointed by an insurer must have all writing agents soliciting UHC business appointed as well. At the very least, the agency's request for appointment must be accompanied by the application of one writing agent who is licensed and appointed for each state in which business is conducted.

IMPORTANT!!!

You must be appointed by the time your first commissions check is issued; otherwise, payment will be held or denied until the appointment is complete. **Please ensure that your sales office contact has the completed appointment and contract paperwork no later than the time you begin quoting business.** As appointment processing times vary due to individual state requirements, submitting the appointment forms early will ensure that commissions payments will not be delayed.

Instructions for Applying for UHC Appointment

This instruction package accompanies the package of forms required for authorization to sell UHC products. Please read and follow all instructions carefully. When complete, the entire package of forms should be forwarded back to your contact at the sales office. Forms can be sent by mail, fax, and email (if you have scanning capabilities).

You may be advised by your local sales office of additional market specific requirements to become a UHC agent, such as certification.

Forms/Information Required for UHC Appointment

The following forms/information must be provided to apply for a UHC appointment. Instructions for completion of each form are included:

- √ Agent/Agency Agreement (if multiple producers at an agency or the agency itself are applying for an appointment, each producer must sign their own agreement)
- √ Request for Appointment of Insurance Producer Form (only one form is required even if you are applying for appointment in multiple states)
- √ Florida Non-Resident County Appointment Form (to be completed for Florida non-resident agents who physically enter the state of Florida to conduct business)
- √ Compensation Assignment Form (to be completed only if you are assigning commissions to another individual or business entity)
- √ Direct Deposit Authorization/Maintenance Form: **Direct Deposit is mandatory for all newly appointed producers receiving commissions.** If you are assigning commissions to an agency or individual other than yourself, the Direct Deposit Authorization/Maintenance Form must be completed for that entity. They must also be appropriately licensed and appointed.
- √ Copy of your current Life, Accident, and Health (or equivalent) license for all states in which you intend to sell UHC business. (Please be aware that agency licensing requirements vary by state. UHC requires evidence of agency licensing in all states where DOIs issue business entity licenses.)

Background Check

Some states require that a background check be performed on an individual producer seeking a company appointment. UHC is responsible for submitting the request to the background check vendor. If the background check is "clear," the appointment can be processed. Appointments requiring background checks take an average of one week longer to complete.

Appointment Processing

When your sales office contact receives the completed appointment paperwork from you and checks for completion and accuracy, they will forward the forms to the Producer Credentialing department at UHC in Hartford. **DO NOT SEND APPOINTMENT PAPERWORK DIRECTLY TO PRODUCER CREDENTIALING AS THIS WILL DELAY YOUR APPOINTMENT.** Producer Credentialing will process the appointment(s) and send it to individual state departments of insurance as required. You will be notified by mail if your appointment has been approved.

Renewal Licenses

Insurance regulations require that you maintain copies of your current licenses on file with UHC by timely submitting renewal copies. Your appointments by UnitedHealthcare will be terminated if we don't receive a copy of the renewed license prior to the expiration date of the license. If your appointments are terminated, you will no longer be able to sell UnitedHealthcare products. In most states, commissions will not be paid after your appointment is terminated.

Instructions for Completing the Agent/Agency Agreement

Please complete and sign the new Agent/Agency Agreement and return it to your sales office contact along with the appointment forms. **Please do not alter the agreement in any way other than as described in these instructions.** Altered Agent/Agency Agreements will not be accepted and, as a result, your appointment(s) will not be processed.

IMPORTANT!!! Agents and Agencies must sign separate Agreements. If you work for an agency and the agency is also seeking UHC appointment, a separate agreement must be completed and signed by the individual agent and an agency representative.

If you are signing the agreement as an Agent:

- Type or print the full name of the contracting agent in the line on the first paragraph of page 1 of the agreement that precedes the word "Agent" in parentheses.
- Print the full name of the contracting agent in the line above the words "Printed Name" in the signature section on the last page.
- Print the SSN of the contracting agent under which you are seeking appointment with UnitedHealthcare in the line above the words "SSN/TIN" in the signature section on the last page.
- Put the date when you sign the agreement in the line above the word "Date" in the signature section on the last page.
- The contracting agent whose name appears as the "Agent" on page 1 should sign on the line above the word "Signature" in the signature section of page on the last page.

If you are signing the agreement for an Agency:

- Print the full name of the contracting agency in the line on the first paragraph of page 1 that precedes the word "Agent" in parentheses.
- Print the TIN of the contracting agency under which the entity is seeking appointment with UnitedHealthcare in the line above the words "SSN/TIN" in the signature section on the last page.
- Put the date when the agency has signed the agreement in the line above the word "Date" in the signature section on the last page.
- The Agreement must be signed by: the owner of the agency if it is a sole proprietorship; a partner if the agency is a partnership; or an authorized officer if the agency is a corporation. The authorized signor should put their full name in the line above the words "Printed Name", their title in the line above the word "Title," and then sign above the word "Signature" in the signature section of page on the last page.

When the sales office receives the signed agreement, an authorized UHC Sales official will countersign and send a copy of the completed agreement to you.

Instructions for Completing & Submitting the UnitedHealthcare Request for Appointment of Insurance Producer Form

UnitedHealthcare (UHC) requires that the Request for Appointment of Insurance Producer Form (RFA) be completed by all producers (individuals and business entities) seeking to sell UHC products. **Agencies must have at least one writing agent appointed in each state in which the agency conducts business.** This form must be completed for the following categories of producers:

- √ Individual producer who has never been appointed by UHC
- √ Current UHC appointed individual producer whose personal information has changed
- √ Agency that has never been appointed by UHC
- √ Current UHC appointed agency that adds individual producers who are not appointed by UHC

Entering Information on the Form

Please complete Sections 1 through 5 of the RFA as instructed below and on the next page.

Section 1:

Individual producers must enter demographic information in this section.

Data Item	Instructions
Producer Name	This is the name that is registered with the IRS for the SSN under which you are applying for appointment: <ul style="list-style-type: none"> • Indicate Mr., Ms., or Mrs. • Enter Last Name, First Name, and Middle Name (if any) • Enter professional designation (if any)—E.g., “CLU”
SSN	Social Security Number
Date of Birth	Date of Birth (dd/mm/yyyy)
Suffix	Indicate if you use Jr., Sr., II, III, or another suffix to your name
Phone #	Use your preferred telephone number where you can be contacted if additional information is needed to complete your appointment request. Include an extension if applicable.
Fax #	Fax #
Email	Email address where you can be reached if additional information is needed to complete your appointment request.
Mailing Address	This is the address where you want to receive information from UHC, including appointment updates and commissions. P.O. boxes are allowed. “In care of” name is optional. If you use a private mailbox, please include the street address of the mail facility that you use before the private mail box number.
Residence Address	Home address. Please use your actual street address and NOT a post office box.

Section 2:

Agency information must be completed if you are an individual working for an agency or an agency seeking UHC appointment. If you are assigning commissions to an agency or individual other than yourself, you must also complete and submit the *Compensation Assignment Form*.

Data Item	Instructions
Producer Name	This is the business entity name that is registered with the IRS for the TIN under which the agency is applying for appointment. A "Doing Business As" name may also be entered on this line.
TIN	Tax Identification Number
Taxpayer Type	Indicate whether the business is a Corporation (Corp), Sole Proprietor (Sole Prop.), Limited Liability Corporation (LLC), Limited Liability Partnership (LLP), or other entity.
Phone #	Use your preferred agency telephone number where you can be contacted if additional information is requested to complete your appointment request. Include an extension if applicable.
Fax #	Fax #
Mailing Address	This is the address where the agency wants to receive information from UHC, including appointment updates and commissions. "In care of" name is optional. If you use a private mailbox, please include the street address of the mail facility that you use before the private mail box number.
Business Address	This is the address for the business entity where the office is located.
Licensing/Commissions Contact Name (Optional)	This is a contact at your agency who UHC may contact if additional agency information is needed
Phone #	This is the phone number for the contact. Include an extension if applicable.
Fax #	This is the fax number for the contact.
Email	This is the email address for the contact.
Commission Assignment Question	Check whether the producer plans to assign commissions to an agency or another individual. If Yes, a <i>Compensation Assignment Form</i> must be completed in order to assign commissions to an entity other than you.

Section 3

All producers (individuals and business entities) must answer the questions in this section. Check Yes or No as appropriate. If you answer Yes to any question, please provide an explanation on a separate piece of paper when you submit the RFA.

Section 4

All producers must read the statement in this section, date, and sign. If signing on behalf of an agency, please indicate your title.

Section 5

All producers seeking UHC appointment must provide information about their Life, Accident & Health license (or equivalent) in this section.

#	Data Item	Instructions
1	<ul style="list-style-type: none"> Resident insurance license state License # 	<ul style="list-style-type: none"> You must have at least an Accident & Health or Life, Accident, & Health license when seeking a UHC appointment State in which you hold your resident license License number for your resident state license
2	Lines of Authority	Types of products for which you are licensed to sell—check all that apply.
3	States in which you wish to be appointed	<ul style="list-style-type: none"> List all states for which you are seeking a UHC appointment (list individual and agency licenses separately) Include the license # for each state and attach a copy of each license Include the License Effective and License Expiration Dates (include the latter only if it is printed on your license) If you have more licenses than the form allows, attach a separate sheet of paper with the additional information
4	Florida Business for Non-Residents	If you are not a Florida non-resident agent but physically enter the state of Florida to sell a UHC product, you must complete the Florida Non-Resident County Appointment Form order to be appointed in each county.
5	Products to be sold	Check if you are seeking to sell standard and/or specialty products
6	Special circumstances	<p>Describe any special circumstances that might affect processing of the appointment.</p> <p>Please indicate if you are applying for an appointment to support your initial license application as required by special circumstances in some states. You must attach a completed license application with the RFA. Please verify the information on the license application form. The producer is responsible for the license application fee.</p>

Instructions for Completing the Compensation Assignment Form

Each insurance producer acting in the capacity of a Writing Agent (an individual who actually performs the activities related to the solicitation and sale of the insurance product) has the right to assign payments (all types—commissions and bonuses) of earned compensation to another licensed and appointed agent or agency. The agent or agency receiving the commissions is designated as the “Agent of Record” or “Payee” for the case. To assign commissions to an agency or another individual, the Compensation Assignment Form must be completed.

Important!!!

Assignments are irrevocable. Writing Agents are cautioned that once business is assigned to another agent or an agency, only the Assignee, a.k.a. Payee, can change the assignment at a later date. Both Writing Agent and Payee must be licensed and appointed (as appropriate) to receive the compensation on business for which the assignment applies.

Completing the Form

The Compensation Assignment Form is a fillable form. You may complete the form while it is displayed on your computer. When the form is complete, save it to your computer, print and sign, and forward to your sales office contact with the appointment package. Or send the form directly to UHC Producer Credentialing when changing an existing assignment.

Section 1: Assignor Information

Please provide information about the producer who will be assigning commissions to another entity:

- Name of the writing agent who assigns prospective commissions **or** name of existing payee who wishes to change the assignment
- Social Security Number or Tax Identification Number
- UHC Producer ID or Payee Code (if known) if an existing payee is changing the assignment
- Telephone: Please provide your preferred telephone number if additional information is needed to process the compensation assignment
- Mailing Address where information from UHC has been sent

Section 2: Assignee Information

Please provide information about the producer to whom the commissions should be assigned:

- Name of the payee who should receive prospective commissions
- Social Security Number or Tax Identification Number
- UHC Producer ID or Payee Code (if known) if an existing payee is changing the assignment to another existing payee
- Telephone: Please provide your preferred telephone number if additional information is needed to process the compensation assignment
- Mailing Address where information from UHC should be sent

Section 3: Scope of the Assignment

Check whether the assignment affects the entire book of business or specific groups. If the assignment affects only specific groups, list the group numbers and names that should be assigned to the new producer.

Section 4: Timeframe of the Assignment

Identify whether the assignment should occur as of a specific date or the current date. Please note that no retroactive change of assignment is possible if commissions were already paid to a previous Assignee.

Signature Section:

Sign, Date, and include your title (if signing on behalf of a business entity).

Instructions for Completing the Direct Deposit Authorization/Maintenance Form

All newly appointed UnitedHealthcare producers receiving commissions must have their payments electronically deposited into their bank accounts.

Completing the Form

The Direct Deposit Authorization/Maintenance Form is a “fillable” form. You may complete the form while it is displayed on your computer. When you complete the form:

- Save the form
- Print and sign the form
- Forward the form to your sales office contact with the appointment package

Please complete Sections 1 and 2 and sign and date the form. If the form is incomplete, it will be returned to you and may delay your Direct Deposit start date. Please allow 4 weeks for the Direct Deposit to go into effect.

Section 1: Producer Information

Provide the following information for this section:

- **Producer Name:** This is the name of the individual producer or business entity.
- **SSN or Tax ID:** Individuals provide SSN; business entities provide Federal Tax Identification Number.
- **Address:** This is the mailing address where you prefer to receive information.
- **Telephone Number:** This is your preferred telephone number where you may be contacted if additional information is needed regarding the direct deposit request.
- **Email:** Email address where to contact you with any questions (regarding EFT only)

Section 2: Account Information

Important!!!

If you are choosing to deposit your commissions to a checking account, please include a preprinted original voided check, not a checking deposit slip. If you are choosing to deposit to a savings account, include a preprinted bank verification or savings deposit slip.

Provide the following information for this section:

- Complete all information for each bank account for which the direct deposit will be/has been made:
 - 🕒 **Type of Request:** Check Add if this is a new direct deposit request
 - 🕒 **Depository Name:** Bank on which account is drawn
 - 🕒 **Depository Phone Number:** Bank’s phone number
 - 🕒 **Depository City, State, and Zip:** Bank’s address
 - 🕒 **Routing/ABA number—**this number is unique to each bank and **MUST** be included. **Please verify the nine-digit Routing/ABA number that is preprinted on your check with your financial institution as the one to be used for direct deposit of your commission funds. DO NOT USE THE ROUTING NUMBER PRINTED ON THE CHECKING DEPOSIT SLIP.**
 - 🕒 Check whether checking or savings account
 - 🕒 Enter checking or savings account number
 - 🕒 You may deposit the full amount into one account or split it into a maximum of two deposits. Check **Full Deposit** for deposit into one account. If depositing into two accounts, complete the information for Account #2 and check **Percent**. Indicate the percentage that should go into each account in **Specify % Amount**. **Total percentage for both accounts must equal 100%.**
- Sign and date the completed form.
- Provide your title if you are representing an agency
- Include the completed form when you return the RFA package for a new producer appointment to your sales office contact.

Please call Broker Commissions Customer Service at 1-888-842-4571 with any questions regarding this form.

Agent/Agency Agreement

Introduction

Parties; Scope. This Agent/Agency Agreement (“Agreement”) between UnitedHealthcare, Inc., United HealthCare Insurance Company, Dental Benefit Providers of California, Inc. and any entity controlled by or under common control therewith (collectively, “UnitedHealthcare”) and _____ (“Agent”) sets forth the terms and conditions under which Agent may sell health coverage by UnitedHealthcare, as well as ancillary, non-medical coverage (for example, life, disability, vision, and dental coverage) sold in conjunction therewith or on a stand-alone basis.

Effective Date. This Agreement is effective as of the date it is signed by both parties, as noted on the signature page hereto (“Effective Date”), and replaces and supersedes any prior agreement between the parties regarding the solicitation and sale of UnitedHealthcare’s Benefit Plans (other than the solicitation and sale of Benefit Plans by UnitedHealthcare’s Specialized Care Services and Ovations businesses) and any compensation payable with respect thereto.

Section 1: Definitions

- 1.1 **Agent** means the person or entity licensed and appointed by UnitedHealthcare to solicit an Enrolling Unit to purchase a Benefit Plan and who is a party to this Agreement.
- 1.2 **Agent of Record** means a legally eligible person or entity designated by an Enrolling Unit to serve as its insurance agent, broker or producer and that UnitedHealthcare may compensate under the terms of this Agreement.
- 1.3 **Benefit Plan** means a health coverage product (e.g., a health insurance or HMO policy) and/or ancillary product (e.g., a life insurance policy) that UnitedHealthcare has authorized to be sold to an Enrolling Unit.
- 1.4 **Enrolling Unit** means an entity with which UnitedHealthcare has a contract to provide individual or group coverage under a Benefit Plan.
- 1.5 **Governmental Entity** shall include, but be not limited to, villages, townships, cities, counties, public school districts and similar tax supported entities.

Section 2: Rights and Responsibilities

- 2.1 **Solicitation of Enrolling Units.** UnitedHealthcare authorizes Agent to sell UnitedHealthcare’s Benefit Plans under the terms of this Agreement. Agent agrees to solicit prospective Enrolling Units to enroll in one or more Benefit Plans from UnitedHealthcare. In making these solicitations, Agent will comply with the following terms and conditions:
 - (a) **Proposals.** Any proposal Agent gives to a prospective Enrolling Unit must accurately reflect UnitedHealthcare’s terms of coverage, including but not limited to benefits and premiums, and must not be misleading.
 - (b) **Terms may not be changed without UnitedHealthcare’s approval.** Agent may not alter any term of a proposal except with UnitedHealthcare’s prior written approval.
 - (c) **Application information.** Agent must accurately and completely record and submit to UnitedHealthcare all information that UnitedHealthcare requires in order to enroll Enrolling Units under a Benefit Plan.
 - (d) **Marketing materials.** If Agent uses any material not provided or approved by UnitedHealthcare, the material must be accurate and not misleading. Agent must promptly return all marketing and enrollment materials provided by UnitedHealthcare to UnitedHealthcare when this Agreement terminates, or sooner upon UnitedHealthcare’s request. Any marketing materials proposed for use by Agent but not provided or previously approved by UnitedHealthcare are subject to prior approval by UnitedHealthcare.
- 2.2 **Licensing.** Agent must possess and maintain every license required by law to perform services under this Agreement, including in every state in which Agent conducts business under this Agreement. Agent must provide proof of licensure to UnitedHealthcare upon UnitedHealthcare’s request. Agent must immediately notify UnitedHealthcare of any expiration, termination, revocation, suspension or any other action by a Department of Insurance or any other governmental agency affecting licenses required to perform services under this Agreement. In states that issue renewal licenses Agent, must furnish UnitedHealthcare with a copy of Agent’s renewal license.
- 2.3 **Appointment.** UnitedHealthcare, in its sole discretion, will appoint Agent to solicit prospective Enrolling Units to purchase Benefit Plans from UnitedHealthcare. Subject to applicable law, UnitedHealthcare may terminate any of Agent’s appointments at any time without terminating this Agreement in its entirety.
- 2.4 **Training.** Agent must successfully complete any training UnitedHealthcare requires within 6 months after being notified by UnitedHealthcare that such training is required.
- 2.5 **Acceptance for Enrollment.** Agent acknowledges that only UnitedHealthcare, and not Agent or any other person, may accept or reject for enrollment a prospective Enrolling Unit. Agent further acknowledges that no Enrolling Unit is eligible to receive coverage under a Benefit Plan unless and until UnitedHealthcare accepts and enrolls the Enrolling Unit and that only UnitedHealthcare, and not Agent or any other person, has the right to determine the effective date of coverage.
- 2.6 **Servicing of Enrolling Units.** Agent must assist Enrolling Units in enrolling, maintaining, and renewing coverage under any applicable Benefit Plan as reasonably required by UnitedHealthcare and/or the Enrolling Unit.
- 2.7 **No Combining of Businesses for Purposes of Maximizing Bonuses or Rewards.** Agent agrees that it will not create partnerships, arrange assignments, or use other devices as a means of combining business for the purpose of maximizing any bonus payment or other reward from UnitedHealthcare. This provision does not entitle Agent to receive any bonus payment(s) or reward(s) from UnitedHealthcare if Agent is not otherwise eligible to receive any such bonus payment(s) or reward(s).
- 2.8 **Extent and Limitation of Agent’s Authority.** Agent has no authority to act on UnitedHealthcare’s behalf except as expressly provided in this Agreement. Without limiting the forgoing, Agent must not represent by word or deed that Agent has authority to (i) bind coverage; (ii) accept an applicant for coverage under a Benefit Plan; (iii) misrepresent or omit material facts in an application; (iv) collect any premium, except for the first month’s premium; (v) modify or waive any Benefit Plan or any Benefit Plan’s term regarding enrollment, coverage, or benefits; (vi) distribute any advertisement, circular, or promotional literature that is inaccurate, misleading, or that UnitedHealthcare has disapproved; (vii) sell any Benefit

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Plan or other product not expressly authorized by this Agreement; or (viii) do any other thing, on behalf of UnitedHealthcare, not expressly permitted by this Agreement.

2.9 Books and Records; Audit.

- (a) **Adequate records required.** Agent must maintain adequate books and records in accordance with applicable law and standards within the health care insurance industry.
- (b) **UnitedHealthcare may audit Agent's records.** Agent agrees to permit UnitedHealthcare to inspect and audit all information and records related to services Agent performs for UnitedHealthcare under this Agreement. UnitedHealthcare must give Agent reasonable notice and conduct the inspection and audit during regular business hours.

2.10 Protection of Private Information.

Agent understands and acknowledges that, while performing services under this Agreement, Agent may receive from UnitedHealthcare, or create or receive on behalf of UnitedHealthcare, certain information that is defined as "Protected Health Information" ("PHI") under the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") or "nonpublic personal information" under the Gramm-Leach-Bliley Act and implementing regulations ("GLB"), or both.

To the extent Agent provides services or assistance to UnitedHealthcare and requires access to PHI in order to perform such services or act on behalf of UnitedHealthcare, Agent shall be considered a Business Associate of UnitedHealthcare and Agent shall agree to the terms of subsections (a) through (i) of Section 2.10 of this Agreement regarding Agent's use and disclosure of this information. To the extent Agent is not acting on behalf of or at the direction of UnitedHealthcare, Agent shall not be considered a Business Associate of UnitedHealthcare.

Regardless of whether Agent is considered a Business Associate of UnitedHealthcare, Agent agrees that it will use or disclose PHI it receives from, or is created or received on behalf of, UnitedHealthcare and nonpublic personal information ("Personal Information") received from or created or received on behalf of UnitedHealthcare, only to the extent to which HIPAA, GLB or other federal or state privacy laws applicable to UnitedHealthcare would permit UnitedHealthcare to use or disclose the information.

Agent acknowledges that being considered a Business Associate of UnitedHealthcare does not automatically entitle Agent to access certain PHI and Personal Information and that UnitedHealthcare may deny broker access to PHI and Personal Information or condition such access on Agent meeting certain requirements, at UnitedHealthcare's discretion.

- (a) With regard to its use or disclosure of PHI or Personal Information, Agent agrees, represents and warrants to UnitedHealthcare that Agent will:
 - (1) not use or further disclose any PHI or Personal Information, except as permitted by this Agreement or as Required By Law;
 - (2) maintain and use appropriate safeguards at all times to prevent PHI or Personal Information from being used or disclosed, except as permitted by this Agreement or Required By Law; and
 - (3) ensure that any subcontractor or agent to whom Agent provides any PHI or Personal Information agrees, in writing, to abide by the same conditions and restrictions with regard to the PHI or Personal Information that apply to Agent, including, without limitation, all of the requirements of this Section 2.10, subsections (a) through (i).
- (b) With regard to its use or disclosure of PHI, Agent hereby agrees, represents and warrants to UnitedHealthcare that Agent will, in the time and manner designated by UnitedHealthcare:
 - (1) report promptly to UnitedHealthcare if Agent becomes aware of any use or disclosure of any PHI that is not permitted by this Agreement;
 - (2) mitigate, to the extent practicable, any harmful effect caused by Agent's violation of the terms of this Agreement;
 - (3) make available to UnitedHealthcare (or to an Individual, if directed to do so by UnitedHealthcare) PHI in a Designated Record Set, so that UnitedHealthcare may respond to an Individual's Request For Access to information about the Individual in accord with the HIPAA privacy regulation;
 - (4) Amend or correct PHI in a Designated Record Set in accord with the HIPAA privacy regulation;
 - (5) document disclosures of PHI and information related to disclosures by Agent that will permit for UnitedHealthcare to respond to a request from an Individual for an Accounting of Disclosures of PHI in accord with the HIPAA privacy regulations;
 - (6) make available to UnitedHealthcare (or to an Individual, if directed to do so by UnitedHealthcare) the information documented under subsection (b)(5) above, that would permit UnitedHealthcare to respond to a request from an Individual for an Accounting of Disclosures, in accordance with the HIPAA privacy regulations; and
 - (7) make its internal practices, books and records relating to the use and disclosure of PHI available to UnitedHealthcare and the Secretary of Health and Human Services ("the Secretary") for purposes of determining UnitedHealthcare's compliance with the HIPAA privacy regulations. Information provided under this subsection must be provided in the time and manner designated by the Secretary, as well as in the time and manner designated by UnitedHealthcare.
- (c) With regard to its use and/or disclosure of electronic protected health information ("EPHI"), as such term is defined by the Security Standards published on February 20, 2003 at 68 Fed. Reg. 8334 *et seq.* (45 C.F.R. Parts 160, 162 and 164) as hereafter amended ("HIPAA Security Rule"), Agent shall:
 - (1) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that Agent creates, receives, maintains or transmits on behalf of UnitedHealthcare;
 - (2) Ensure that any and all of our subcontractors or agents to whom Agent provides EPHI agrees, in writing, to implement reasonable and appropriate safeguards to protect such EPHI; and
 - (3) Report to UnitedHealthcare any Security Incident (as defined in 45 CFR Section 164.304) relating to EPHI of which Agent become aware, in accordance with its standard reporting procedures.
- (d) From and after the compliance date applicable to UnitedHealthcare with respect to the Standards for Electronic Transactions and Code Sets promulgated at 45 CFR parts 160 and 162 (EDI Rules), Agent will take all steps necessary and appropriate to ensure that Agent complies with the applicable provisions of the EDI Rules.
- (e) Each term and condition of this Section 2.10 that is required by HIPAA or GLB is effective on the date the applicable HIPAA regulations and/or GLB apply to UnitedHealthcare or this Agreement, respectively.
- (f) When this Agreement terminates, regardless of the reason, Agent must return to UnitedHealthcare or destroy all PHI and Personal Information, and retain no copies in any form whatsoever. This provision applies to PHI and/or Personal Information that is in the possession of subcontractors, vendors or agents of Agent.
- (g) Unless otherwise specified in this Agreement, all capitalized terms in this Agreement not otherwise defined have the meaning established by HIPAA, as amended from time to time.
- (h) UnitedHealthcare and Agent agree to take such action as is necessary to amend this Agreement from time to time as is necessary for UnitedHealthcare to comply with the requirements of HIPAA, the HIPAA privacy regulations, HIPAA Security Rule, GLB and other federal and state privacy and consumer rights laws and regulations applicable to UnitedHealthcare. Agent agrees to cooperate with and assist UnitedHealthcare in order for UnitedHealthcare to meet its obligations under applicable privacy laws and regulations.
- (i) This Section 2.10 survives termination of this Agreement.

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- (j) The terms and conditions of this section required by HIPAA shall be construed in light of any applicable interpretation of or guidance on the HIPAA privacy regulation or Security Rule issued by the Secretary from time to time. Any ambiguity in this Section 2.10 shall be resolved in favor of a meaning that permits UnitedHealthcare to comply with applicable laws and regulations.

2.11 Insurance and Indemnification.

- (a) **Insurance.** Agent must maintain general liability, professional liability, and errors and omissions insurance or bonds in amounts and in forms standard and adequate for Agent's business and agreeable to UnitedHealthcare. Agent must provide UnitedHealthcare proof of insurance upon UnitedHealthcare's request. Agent must immediately notify UnitedHealthcare in writing if Agent's insurance terminates, is cancelled, suspended, or changes in a material way, including but not limited to a change in the amount of insurance.
- (b) **Indemnification.** UnitedHealthcare and Agent will indemnify, hold harmless and defend the other from and against any and all claims, litigations, losses, liabilities, costs, and other expenses incurred as a result of a material breach of the terms of this Agreement. Agent will indemnify and hold harmless UnitedHealthcare (including its directors, officers, attorneys, and employees) from any claims, liability, judgments, damages or costs (including reasonable attorneys' fees) asserted or awarded against or incurred by UnitedHealthcare as a result of any act, error, or omission of Agent.

2.12 Provision of Materials; Training.

UnitedHealthcare will furnish Agent with materials and training that, in UnitedHealthcare's sole judgment, are necessary for Agent to perform Agent's duties under this Agreement.

2.13 Federal Crime Control Act.

By signing this Agreement, Agent certifies that Agent has not been convicted of, or pled guilty or no contest, to any criminal felony involving dishonesty or breach of trust and has not been convicted of an offense under Section 1033 of the Violent Crime Control and Law Enforcement Act of 1994. Agent further agrees to notify UnitedHealthcare, in writing, immediately upon receiving notice of any misdemeanor or felony charges or any actions including, but not limited to, convictions by any governmental authority for commission of any act involving fraud, dishonesty, breach of trust, theft, misappropriation of money, or breach of any fiduciary duty.

2.14 Compliance with Company Rules.

Agent will abide by all applicable UnitedHealthcare policy and procedures and written notices provided to Agent.

Section 3: Compensation

3.1 Compensation Payable to Agent.

UnitedHealthcare will compensate Agent for Agent's services during the term of this Agreement in accordance with the terms and conditions set forth in any applicable commission, bonus or other compensation schedule or information (as determined solely by UnitedHealthcare) that may be made available by UnitedHealthcare from time to time. Notwithstanding anything to the contrary contained in this Agreement or any such compensation schedule or information, UnitedHealthcare will not compensate Agent under the terms of this Agreement, except with respect to all Enrolling Units (regardless of the effective date of coverage by UnitedHealthcare) for which (a) Agent is the Agent of Record, (b) Agent continues to service the Enrolling Unit (regardless of whether the writing agent is affiliated with Agent), and (c) UnitedHealthcare determines, in its sole discretion, that it may legally compensate Agent. Notwithstanding anything to the contrary in this Agreement, no compensation will be paid on any Enrolling Unit where the Agent is not receiving base commissions. In addition, UnitedHealthcare will not pay, nor shall Agent accept, any compensation on any Enrolling Unit where the Agent receives compensation directly from the Enrolling Unit or is otherwise acting as a consultant for the Enrolling Unit, unless UnitedHealthcare first receives a written consent, in a form acceptable to UnitedHealthcare, from the Enrolling Unit authorizing UnitedHealthcare to compensate the Agent on such Enrolling Unit; provided, however in no instance will UnitedHealthcare pay, nor shall Agent accept, any compensation on any Enrolling Unit that is a Governmental Entity, where the Agent receives compensation directly from the Governmental Entity or is otherwise acting as a consultant of the Government Entity.

3.2 Payment.

UnitedHealthcare will compensate Agent monthly; provided, however, that UnitedHealthcare will only compensate Agent with respect to any particular Enrolling Unit within 60 days after UnitedHealthcare receives payment of that Enrolling Unit's monthly contract charges.

3.3 Commissions on Hold.

UnitedHealthcare may, at its discretion, place compensation of Agent on hold, if based on Agent's information on file with UnitedHealthcare, Agent no longer complies with the terms of this Agreement. Agent agrees to forfeit any compensation placed on hold, if the cause of such hold has not been resolved within six (6) months of the hold's effective date, as indicated on a hold notification letter or commissions statement.

3.4 Modification or Termination of Compensation.

UnitedHealthcare may terminate or amend any published base commission schedule at any time by providing Agent 30-day advance notice. Commissions for Enrolling Units permanently located in California having effective dates before the date of the effective date of the modified schedule will continue to be paid according to the commission schedule in effect for that Enrolling Unit immediately prior to the effective date of the amended schedule. The amended schedule will apply to all other Enrolling Units on a date determined by UnitedHealthcare, but not less than 30 days from the date of notice. Notwithstanding any other term of this section 3.4, UnitedHealthcare may amend or terminate any published base commission schedule applicable to all Enrolling Units permanently located in California regardless of effective date by providing Agent 30-day advance notice if, in UnitedHealthcare's sole discretion, the modified schedule is necessary to comply with regulatory or legislative limitations, requirements or mandates. Commission rates for any Enrolling Unit that are established at the request of Agent are subject to acceptance by UnitedHealthcare, and may be modified or terminated at any time by UnitedHealthcare.

UnitedHealthcare has the right to exclude any case from eligibility for any and all bonus programs if it determines, at its sole discretion, that including the case in the bonus program would create an actual or perceived conflict of interest for an agent and a customer. UnitedHealthcare has the right to exclude any case from eligibility for any bonus program for any reason. UnitedHealthcare may terminate or amend any override, bonus or other recognition or reward program applicable to Agent at any time for any reason without prior notice to Agent.

3.5 Disclosure.

All compensation payable to Agent under this Agreement is subject to disclosure or reporting by UnitedHealthcare to any government or regulatory agency or to any third party, including any customer or prospective customer of UnitedHealthcare. UnitedHealthcare will determine, in its sole discretion, the party or parties to which it will disclose any such compensation, the frequency with which it will make any such disclosures, and the amount and type of compensation required to be disclosed. Agent agrees to disclose any compensation that Agent receives under this Agreement as required by applicable law. In addition, Agent shall notify UnitedHealthcare, as outlined in the Notice provision of this Agreement, if Agent receives any compensation directly from an actual or prospective Enrolling Unit that is a Governmental Entity. Such notice shall include the name of such Enrolling Unit, a description of the services provided to such Enrolling Unit, and the amount of compensation received.

3.6 Adjustments.

- (a) Each party agrees to promptly notify the other upon becoming aware of an incorrect payment amount. Subject to subsections (b) and (c) below, Agent agrees to promptly remit to UnitedHealthcare any amounts overpaid pursuant to this Agreement.
- (b) UnitedHealthcare may correct an overpayment error by notifying Agent of the error and asking for repayment. At its sole option, UnitedHealthcare may instead recover overpayments from Agent by offsetting the overpayment against future compensation and notifying Agent of the offset and the reason for it.

Agent/Agency Agreement

- (c) UnitedHealthcare will not adjust any incorrect payments to Agent except for payments made within two years prior to the date of adjustment. In this regard, neither Agent nor UnitedHealthcare may assert a claim against the other relating to an incorrect payment amount under the terms of this Agreement unless such claim is made (and the resulting adjustment is commenced) within two years of the date of said incorrect payment.
- (d) If UnitedHealthcare incurs any costs in collecting reimbursement of an overpayment from Agent, including but not limited to collection agency and attorney fees but not including the costs of offsetting future payments, Agent will pay UnitedHealthcare's costs, as applicable.
- (e) Notwithstanding anything in this Agreement or any compensation schedule to the contrary, UnitedHealthcare will not pay any amount to Agent that exceeds a maximum prescribed by any applicable law.

3.7 No Compensation to Other Agents. UnitedHealthcare will not pay compensation to any other agent, broker or producer under the terms of this Agreement. Agent agrees to defend, indemnify and hold harmless UnitedHealthcare if an agent, broker or producer (other than Agent) makes a claim for compensation against UnitedHealthcare under the terms of this Agreement.

3.8 Taxes.

- (a) **Agent solely responsible for taxes.** Agent acknowledges that Agent is not UnitedHealthcare's employee and that Agent is solely responsible for reporting and paying any tax or other cost assessed on the basis of UnitedHealthcare's payment of compensation to Agent under this Agreement.
- (b) **UnitedHealthcare will not withhold for taxes.** Agent acknowledges and agrees that UnitedHealthcare will not withhold any amount of compensation for Agent's taxes, including but not limited to income tax, social security and Medicare tax, workers compensation taxes or costs; unemployment compensation taxes or costs; or any other tax, cost, fee or charge related to Agent's compensation for services under this Agreement.

Section 4: Agent of Record

- 4.1 Designation of Agent of Record.** UnitedHealthcare will consider Agent to be Agent of Record for every Enrolling Unit sold by Agent under the terms of this Agreement unless and until an Enrolling Unit asks UnitedHealthcare to change its Agent of Record to a different agent.
- 4.2 Change in Agent of Record.** Notwithstanding the forgoing, UnitedHealthcare may, in good faith, change an Enrolling Unit's Agent of Record at any time for any reason in accordance with applicable law and the following provisions are not intended to limit this right in anyway.
 - (a) **Written request from Enrolling Unit.** In its sole discretion, UnitedHealthcare will recognize a request to change an Agent of Record only if it is in writing and is from the Enrolling Unit, and not from Agent or any other person. If an Enrolling Unit asks UnitedHealthcare to change its Agent of Record, UnitedHealthcare will determine the effective date of the change in its sole discretion.
 - (b) **Termination Events.** Upon occurrence of at least one of the termination events described in Sections 5.3 through 5.8 of this Agreement, UnitedHealthcare will no longer recognize Agent as any Enrolling Unit's Agent of Record.

Section 5: Term and Termination

- 5.1 Term.** This Agreement is effective from the Effective Date until terminated in accordance with this Section 5.
- 5.2 Termination for any Reason.** UnitedHealthcare or Agent may terminate this Agreement at any time, for any reason, by providing written notice of termination to the other party 60 or more days before the effective date of termination.
- 5.3 Termination for Loss of License.** If, at any time during the term of this Agreement, Agent does not have, or fails to maintain, a license required to perform services or receive compensation under this Agreement (including if Agent's license is revoked by a licensing or regulatory agency but not including a temporary suspension of Agent's license), it shall be considered a material breach of this Agreement by Agent and this Agreement shall be terminated effective as of the date that Agent first lost, or failed to maintain, the license without regard to when UnitedHealthcare learns of the loss of, or failure to maintain, the license or when UnitedHealthcare notifies Agent that this Agreement has been terminated. UnitedHealthcare may recover any compensation paid to Agent after Agent loses or fails to maintain any such license.
- 5.4 Termination Upon Cessation of Agent's Business.** This Agreement shall terminate automatically upon Agent's death, dissolution, receivership, insolvency, or bankruptcy.
- 5.5 Termination for Agent's Breach.** If Agent breaches a material term of this Agreement (including, but not limited to, Sections 2.1(d) (marketing materials), 2.2 (licenses), 2.8 (authority), 2.10 (privacy), 2.11 (insurance)), UnitedHealthcare may terminate this Agreement immediately by notifying Agent in writing of the effective date of termination. The effective date of termination pursuant to this Section 5.5 may be the date of the breach, or any later date that UnitedHealthcare specifies in the notice of termination.
- 5.6 Termination for Disciplinary Action.** If a licensing or regulatory agency subjects Agent to any disciplinary sanction (for example, a reprimand or temporary suspension of Agent's license), UnitedHealthcare may terminate the Agreement by providing written notice to Agent effective upon receipt of the notice, or any later date that UnitedHealthcare specifies in the notice. No compensation will be payable to Agent for services rendered during any period in which Agent's license is temporarily suspended. UnitedHealthcare may recover any compensation paid to Agent during any period in which Agent's license is temporarily suspended.
- 5.7 Termination for Fraud.** If Agent engages in, or knowingly assists another to commit, fraudulent or dishonest activity in connection with the solicitation, enrollment or renewal of any Enrolling Unit, this Agreement shall terminate effective as of the date on which Agent engaged in or assisted with such activity without regard to when UnitedHealthcare learns of the fraudulent or dishonest activity or when UnitedHealthcare notifies Agent that this Agreement has been terminated. UnitedHealthcare may recover any compensation paid to Agent after Agent engaged in, or knowingly assisted another to commit, the fraudulent or dishonest act without regard to when Agent actually earned such compensation.
- 5.8 Termination based on Acquisition or Merger.** UnitedHealthcare may terminate this Agreement in the event that (i) Agent merges with, or is acquired by, a competitor of UnitedHealthcare; or (ii) a competitor of UnitedHealthcare acquires substantially all of the assets of Agent.
 - (a) **Competitor defined.** A competitor of UnitedHealthcare for purposes of this provision includes any entity (including any such entity's affiliates) that, in the ordinary course of its business, is in direct or indirect competition with UnitedHealthcare.
 - (b) **Notice.** Agent must provide at least 60 days prior notice to UnitedHealthcare of the closing date of any transaction described in this Section. Upon request, and subject to any applicable confidentiality restrictions or obligations, Agent must provide UnitedHealthcare any and all information about the transaction that Company reasonably requests.
 - (c) **Procedure.** Upon receipt of such notice from Agent, UnitedHealthcare may terminate this Agreement, in whole or in part, immediately by providing written notice to Agent. If the Agreement is not terminated in its entirety, UnitedHealthcare must specify in its termination notice the portions hereof that shall be terminated in accordance with this Section.
- 5.9 Effect of Termination.**
 - (a) **No solicitation permitted.** Agent may not solicit or sell Benefit Plans to Enrolling Groups after this Agreement has been terminated.

Agent/Agency Agreement

- (b) **Compensation.** If this Agreement is terminated pursuant to Section 5.2 above, UnitedHealthcare will continue to pay Agent compensation for Enrolling Units previously enrolled by Agent as long as the Enrolling Unit has an in-force Benefit Plan with UnitedHealthcare, Agent is the Enrolling Unit's Agent of Record and continues to service the Enrolling Unit, and Agent is legally eligible to receive compensation in UnitedHealthcare's sole discretion.
- (c) **Material breach.** Upon termination of this Agreement pursuant to Section 5.3 (loss of license), 5.4 (Agent's death or dissolution), 5.5 (material breach), 5.6 (disciplinary action), or 5.7 (fraudulent activity), Agent will no longer be entitled to compensation under this Agreement and UnitedHealthcare shall cease paying such compensation to Agent or any other person under the terms of this Agreement.

5.10 Termination of Appointment or Authority to Sell. UnitedHealthcare may terminate Agent's appointment(s) or authority to sell UnitedHealthcare products at any time for any reason without terminating this Agreement in its entirety. UnitedHealthcare may, in its sole discretion, continue to pay Agent compensation under the terms of this Agreement if Agent is legally eligible to receive compensation.

5.11 Survival. The following provisions shall survive termination of this Agreement: Sections 2.7; 2.9(b); 2.10; 2.11; 3 and 4 (in their entirety); 5.3, 5.6 and 5.7 (regarding recovery of compensation paid to Agent); 5.9; 6.1; and 7 (in its entirety).

Section 6: Dispute Resolution

6.1 Good Faith Negotiation Required. UnitedHealthcare and Agent agree to work together in good faith to resolve any disputes arising under this Agreement. If after at least ninety (90) days following the date one party sent written notice of the dispute to the other party the dispute is not resolved, any party may pursue resolution of the dispute by other means.

Section 7: Miscellaneous and Administrative

7.1 Agreement is Confidential. Agent agrees not to disclose this Agreement, or any term of it, to any third party without the prior written consent of UnitedHealthcare, except as required by law. This section does not prohibit Agent from disclosing the compensation that Agent receives from UnitedHealthcare to actual or prospective Enrolling Units.

7.2 Relationship of the Parties. Agent is an independent contractor and is not UnitedHealthcare's employee. This Agreement does not create any other relationship between the parties, including joint venture or agency.

7.3 Compliance with Law. The parties agree to comply with applicable laws and regulations while performing their obligations under this Agreement, regardless of whether such laws or regulations are specifically referred to in this Agreement. Agent acknowledges that UnitedHealthcare and its affiliates may have government contracts under which UnitedHealthcare must require its contractors to comply with certain laws that would not otherwise apply to it. Agent agrees to comply with these laws.

7.4 Amendment. This Agreement, including any Addendums attached hereto, may be amended only as provided in this Section 7.4.

- (a) **How UnitedHealthcare may amend.** UnitedHealthcare may amend this Agreement by providing written notice of the amendment and its effective date to Agent 30 or more days before the proposed effective date of such amendment (unless the amendment is a regulatory amendment under (2)(B) of this section).
 - (1) **Form of notice.** UnitedHealthcare may notify Agent of proposed amendments by correspondence addressed directly to Agent, or by conspicuous notice in a publication (including but not limited to a newsletter or web site) to which Agent has general access.
 - (2) **Effective date.**
 - (A) **Non-regulatory amendment.** A proposed amendment will become automatically effective without Agent's written agreement unless Agent notifies UnitedHealthcare that Agent is terminating this Agreement before the effective date of the amendment.
 - (B) **Regulatory amendment.** If UnitedHealthcare proposes an amendment to bring it or Agent into compliance with an applicable law or regulation (including an interpretation of law by a regulatory agency or court), the amendment is effective immediately upon notice to Agent, or upon any other date specified by UnitedHealthcare in the notice.
- (b) **Other amendments.** Any other amendment must be in writing, signed by both parties, and must specify the effective date of the amendment.

7.5 Assignment.

- (a) **UnitedHealthcare may assign.** UnitedHealthcare may assign all or any of its rights and responsibilities under this Agreement to any entity controlling, controlled by, or under common control with UnitedHealthcare.
- (b) **UnitedHealthcare may use administrative service providers.** Agent acknowledges and agrees that persons and entities under contract with UnitedHealthcare may perform certain of UnitedHealthcare's administrative services under this Agreement.
- (c) **Agent may assign only with UnitedHealthcare's consent.** Agent may not assign any of its rights, responsibilities or compensation payable under this Agreement to any person or entity without the written consent of UnitedHealthcare.

7.6 Notices. The parties agree that any written notice required or permitted by this Agreement (except when UnitedHealthcare provides notice of proposed amendments by publication) is effective if addressed to the other party at the address listed below.

Notices to UnitedHealthcare:

Title: UnitedHealthcare Producer Credentialing

Address: 450 Columbus Blvd., 9NB

City, State ZIP: Hartford, CT 06103

E-mail: appoint@uhc.com

Fax: 860.702.8307

Notices to Agent:

Name on file with UnitedHealthcare at the time of the notice

Address on file with UnitedHealthcare at the time of the notice

E-mail on file with UnitedHealthcare at the time of the notice

Fax on file with UnitedHealthcare at the time of the notice

- (a) **Update addresses.** Agent will promptly notify UnitedHealthcare in writing of any change in address. This notice will be deemed to have been properly provided if addressed to the last known address of UnitedHealthcare. For purposes of this Section 7.6, "address" includes an electronic mail ("e-mail") address.
- (b) **When notice deemed received.** Notice sent by mail will be deemed to have been received 3 days after mailing by first-class, postage pre-paid United States mail. Notice sent by any other means will be deemed to have been received when actually received by the receiving party. If notice is served by facsimile or e-mail, notice will be presumed to have been received 24 hours after being sent, unless the receiving party rebuts this presumption with contrary proof.

7.7 Entire Agreement. This Agreement (including any compensation schedules or Addendums that are attached hereto or incorporated into this Agreement by reference) constitutes the entire agreement between UnitedHealthcare and Agent and supersedes any prior agreement, oral or written, between the parties concerning the subject matter of this Agreement.

Agent/Agency Agreement

7.8 No Waiver. This Agreement may be amended or modified, and any of the terms or conditions hereof may be waived, only in the manner set forth above. Any waiver by any party of any condition, or of the breach of any provision or term contained in this Agreement, in any one or more instances, shall not be deemed to be nor construed as a further or continuing waiver of any such condition, or of the breach of any other provision or term of this Agreement.

7.9 Severability. If any provision of this Agreement is held invalid for any reason, the validity of the remainder of the Agreement will not be affected.

7.10 Headings. Bold-faced headings are intended as reference guides only and are not to be considered part of the Agreement.

7.11 Signatory authority. UnitedHealthcare and Agent each represent and warrant that the person signing this Agreement has the authority to do so and is acting within the scope of his or her authority.

The parties hereby agree on the terms and conditions of this Agreement. In addition, each party hereby certifies that it has not modified, changed or altered, in any way, any provision of this Agreement prior to the execution hereof.

For UnitedHealthcare:

Signature – UnitedHealthcare Vice President of Sales

Printed Name

Title

Date

For Agent or Agency:

Signature

Printed Name

SSN/TIN

Title

Date

Agent/Agency Agreement

CALIFORNIA REGULATORY ADDENDUM

This California Regulatory Addendum (the "Addendum") is made part of the Agent/Agency Agreement ("Agreement") entered into between Dental Benefit Providers of California, Inc. (the "Company") and Agent or Agency named in the Agreement (the "Agent/Agency"). This Addendum appendix only applies to business regulated by the California Department of Managed Health Care and subject to the Knox-Keene Health Care Service Plan Act of 1975, as amended, and Title 28 of the California Code of Regulations.

DBP and the Agent each agree to be bound by the terms and conditions contained in this Addendum. In the event of a conflict or inconsistency between this Addendum and any term or condition contained in the Agreement, this Addendum shall control.

Unless otherwise defined in this Addendum, all capitalized terms contained in the Addendum shall be defined as set forth in the Agreement.

1. Each Agent/Agency which handles funds of the Company, subscribers, or other persons contracting with the Company, shall at all times maintain a tangible net worth at least equal to 20 percent of the Agent/Agency's aggregate indebtedness or \$10,000, whichever is greater, and shall maintain liquid net assets of at least \$5,000 in excess of its current liabilities.
 - A. An Agent/Agency which accepts only funds in the form of checks payable to the Company, subscribers or other persons contracting with the Company, and forwards such checks to the payee by the close of the business day following receipt thereof does not "handle funds" within the meaning of this section.
2. All funds received by the Agent/Agency for the account of the Company shall at all times be segregated from the assets of the Agent/Agency and shall be promptly deposited to a trust account in a state or federal bank authorized to do business in the State of California and insured by an appropriate federal insuring agency. "Promptly deposited" means deposited no later than the business day following receipt by the Agent/Agency.
3. All funds received by the Agent/Agency for the account of the Company shall be transmitted to the Company, or to a person designated in the Agreement, net of actual commissions earned under the Agreement within (5) five business days after such funds are received by the Agent/Agency.
4. The Agent/Agency shall comply and shall cause its principal persons and employees to comply with all applicable provisions of the Knox-Keene Health Care Service Plan Act of 1975, as amended, and the rules thereunder.
5. The Agent/Agency shall promptly notify the Company of the institution of any disciplinary proceedings against it or against any of its principal persons or employees relating to any license issued to any such person by the California Insurance Commissioner.
6. All funds received by the Agent/Agency for the account of the Company shall at all times be segregated from the assets of the Agent/Agency and shall be promptly deposited to a trust account in a state or federal bank authorized to do business in the state and insured by an appropriate federal insuring agency. "Promptly deposited" means deposited no later than the business day following receipt by the Agent/Agency.

All funds received by the Agent/Agency for the account of the Company shall be transmitted to the Company, or to a person designated in the contract, net of actual commissions earned under the particular contract within (5) five business days after such funds are received by the Agent/Agency.



Request for Appointment of Insurance Producer

For UnitedHealthcare Office Use Only:	
Indiv. Producer ID _____	Spec. Arr. _____
Agency Producer ID _____	

Please type or print legibly.

Section 1: Demographic Information--Individual

Producer Name _____
(Registered with IRS) Mr. Ms. Mrs. (Last Name) (First Name) (Middle Name)
 SSN _____ -- -- Date of Birth _____ / _____ / _____ Suffix Jr. Sr I II Other _____
 Phone # (_____) - _____ Ext. _____ Fax # (_____) - _____ Email _____
 Mail. Addr. _____
c/o (Optional) (Street or PO Box) (City) (State) (ZIP)
 Res. Addr. _____
(Street—must be actual street address, no PO boxes) (City) (State) (ZIP)

Section 2: Demographic Information—Agency or Check here if you are NOT working with an agency

Producer Name _____
(Registered with IRS) (Legal Entity Name) (DBA Name—Optional)
 TIN _____ -- Taxpayer Type: Corp Sole Prop. LLC LLP Other Entity _____
 Phone # (_____) - _____ Ext. _____ Fax # (_____) - _____ Email _____
 Mail. Addr. _____
c/o (Optional) (Street or PO Box) (City) (State) (ZIP)
 Bus. Addr. _____
(Street—must be street address, no PO boxes) (City) (State) (ZIP)
 Licensing/Commissions Contact Name (Optional) _____
 Phone # (_____) - _____ Ext. _____ Fax # (_____) - _____ Email _____

Do you plan to assign commissions to an agency or an individual other than yourself? (If Yes , please complete the <i>Compensation Assignment Form</i> for the assignment to be effective.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 3: Certification

All producers must complete all questions in this section. Please check **Yes** or **No**. If you answer **Yes** to any question, please attach a separate sheet with an explanation.

#	Question	Yes	No
1	Have you ever pled guilty or been convicted of a felony (either state or federal) or misdemeanor (including participation in court ordered programs and excluding minor traffic offenses)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has your insurance license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever had an appointment terminated "For Cause" by any insurer or financial services institution?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever been investigated or fined by an Insurance Regulatory Authority?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you owe any debt or balance to any insurer, general agent, or financial service institution that has remained overdue for more than 60 days?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever been the subject of a bankruptcy petition or proceeding in the last seven (7) years?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there any outstanding liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you ever been excluded, or are you aware of actions that could result in exclusion, by the OIG from participation in a government health care program, including Medicare or Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever been barred, or are you aware of actions that could result in debarment, by the General Service Administration from being a government contractor?	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Signature

I am hereby notified that inquiries may be made by UnitedHealthcare, its affiliates, and/or outside entities regarding my character, general reputation, business experience, credit history, personal characteristics, and insurance license status. I authorize such knowledge/information to be released to UnitedHealthcare or its legal representative (upon written request, additional information as to the nature and scope of the report can be provided.) A photocopy or facsimile of this signed authorization shall be as valid as the original. Under penalties of perjury, I certify that information provided by me in this application or in any accompanying documents is correct and complete and the number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding. If appointed to represent UnitedHealthcare and its affiliates, I understand that I am considered an independent contractor, and not an employee of such company(ies). This application and any attachments become a part of the producer file with any of the companies that I am appointed to represent. This form is not valid until signed and dated.

_____ / _____ / _____ (Date)
 _____ (Signature)
 _____ (Title—if signing on behalf of an agency)

Section 5: License & Appointment Detail

1. State where you hold a **Resident** insurance license _____ License #: _____
2. Lines of Authority for which you are currently licensed (check all that apply):
 Life Accident/Health HMO Other _____
3. Indicate the states in which you are licensed and wish to be appointed (**please attach a copy of your current license for each state listed below**). If you have more licenses, please list them on a separate sheet.

Individual Licenses				Agency Licenses (Agency licenses not required in IA, FL, TN, VT, and WI)			
State	License #	License Effective Date	License Expiration Date *	State	License #	License Effective Date	License Expiration Date *
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /
		/ /	/ /			/ /	/ /

* Indicate License Expiration Date only if it is printed on your license.

4. Florida Non-Resident Agents: Do you physically enter the State of Florida to sell UHC products? Yes No

If you are a non-resident Florida agent physically entering the State of Florida to conduct business, you must complete the Florida Non-Residents County Appointment Form.

5. Please indicate the products for which you are applying to sell:

Standard Appointments: You will be appointed for all of UnitedHealthcare’s products below depending on state guidelines:

- UnitedHealthcare Medical and Life Insurance (PPO, POS, etc.) UnitedHealthcare HMO
- PacifiCare Medical and Life Insurance PacifiCare HMO
- All Savers Life Ins. Co of California

Special Appointments

(You must have a relationship with a UHG Specialized Care Company to sell these products):

- Specialty Products (Vision, Dental) Retiree/Medicare Unimerica Life and Disability

6. Are there any special circumstances you would like us to know about when processing your appointments?

Please return completed form to the UnitedHealthcare contact who provided you the appointment package. **The completed package must be submitted through a local sales office.** If you do not know where to send the package, call the Broker Customer Service Center at 1-888-641-9147.

IMPORTANT!!! No business may be placed with UnitedHealthcare until all state licensing and UnitedHealthcare appointment and/or contract requirements have been met. UnitedHealthcare Producer Credentialing will notify you in writing if your appointment has been approved.

Florida Non-Resident County Appointment Form

If you are a non-resident of Florida and you physically enter the state of Florida to conduct business, you must be appointed in all Florida counties in which you sell UHC products. Please complete this form and submit it to your sales office contact. Please call the Broker Customer Service Center at 1-888-641-9147 with any questions.

Producer Name _____
(Last Name)
(First Name)
(Middle Name)

SSN ----- _____

Please check the Florida counties below in which you sell UHC products:

- | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> All Counties | <input type="checkbox"/> Holmes | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Alachua | <input type="checkbox"/> Indian River | <input type="checkbox"/> Suwanee |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Jackson | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Volusia |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Lake | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Broward | <input type="checkbox"/> Lee | <input type="checkbox"/> Walton |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Leon | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Levy | |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Liberty | |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Madison | |
| <input type="checkbox"/> Collier | <input type="checkbox"/> Manatee | |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Marion | |
| <input type="checkbox"/> Dade | <input type="checkbox"/> Martin | |
| <input type="checkbox"/> De Soto | <input type="checkbox"/> Monroe | |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> Nassau | |
| <input type="checkbox"/> Duval | <input type="checkbox"/> Okaloosa | |
| <input type="checkbox"/> Escambia | <input type="checkbox"/> Okeechobee | |
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Orange | |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Osceola | |
| <input type="checkbox"/> Gadsden | <input type="checkbox"/> Palm Beach | |
| <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Pasco | |
| <input type="checkbox"/> Glades | <input type="checkbox"/> Pinellas | |
| <input type="checkbox"/> Gulf | <input type="checkbox"/> Polk | |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Putnam | |
| <input type="checkbox"/> Hardee | <input type="checkbox"/> Santa Rosa | |
| <input type="checkbox"/> Hendry | <input type="checkbox"/> Sarasota | |
| <input type="checkbox"/> Hernando | <input type="checkbox"/> Seminole | |
| <input type="checkbox"/> Highlands | <input type="checkbox"/> St. Johns | |
| <input type="checkbox"/> Hillsborough | <input type="checkbox"/> St. Lucie | |

Compensation Assignment Form

Note: Both Assignor and Assignee must be licensed and appointed by UnitedHealthcare for the assignment to be effective.

I. Assignor Information:

Name:	Street:
SSN or TIN:	City:
UHC Producer ID or Payee Code (if known):	State:
Tel:	Zip:

II. Assignee Information:

Name:	Street:
SSN or TIN:	City:
UHC Producer ID or Payee Code (if known):	State:
Tel:	Zip:

III. Scope of the Assignment (please mark one):

- Primary Assignment for all business placed with UnitedHealthcare** (all Writing Agent Compensation Relationships to previous Assignee will be terminated and new relationships to new Assignee established)
- Specific Groups (please list group # and group name):

Group #	Group Name

If more than 3 groups, please mark here and attach a separate list.

IV. Timeframe of the Assignment:

- New Assignment Effective Immediately (current date will be used)**
- The assignment is effective on ____ / ____ / ____ (If the assignment should be effective before or after the current date, please specify the date.) ***No retro change of assignment is permitted if commissions were already paid to a previous Assignee.***

I, the Assignor, hereby sell, assign and transfer to the Assignee named above, its legal representative or assigns, the commissions, other compensation, and payments now due or which become due on business specified above after the date this Assignment is recorded by UnitedHealthcare. I authorize the Assignee, its legal representative(s) and assign(s) to collect all such commissions and other compensation and payments. These commissions and other compensation and payments are for the Assignee's full use and benefit. I ratify and confirm all that the Assignee, its legal representative(s) and assign(s) lawfully do or cause to be done by virtue of this Assignment.

This Assignment is subject to all the terms and provisions of any contracts that may be in force between Assignor, Assignee, and UnitedHealthcare, including but not limited to retention of first lien, security interest and offset rights against the assigned commissions and other compensation and payments to secure payment of any indebtedness which I or the Assignee may now or in the future owe to UnitedHealthcare. I agree to indemnify and hold UnitedHealthcare harmless from any amounts which UnitedHealthcare pays under this Assignment.

I hereby certify that this Assignment is the result of an arm's length agreement between the Assignee and myself and that the Assignee has paid me good and valuable consideration for this Assignment. I understand that UnitedHealthcare is not responsible for the validity, sufficiency, or tax consequences of this Assignment. I understand that I am solely responsible for notification and any contractual obligations that I may have with a previous Assignee when I request to change the assignment.

(Signature of Assignor)

(Date)

(Title: Owner, President, Officer, etc.)

Direct Deposit Authorization/Maintenance Form

All newly appointed UnitedHealthcare producers receiving commissions are required to have their payments electronically deposited into their bank accounts.

- Please include a voided check or savings deposit slip with this form; otherwise, the form will be returned to you and electronic funds deposit will be delayed. **DO NOT SEND A CHECKING DEPOSIT SLIP!!!**
- Verify the nine-digit Routing/ABA number that is preprinted on your check or savings account deposit slip with the financial institution to be used for direct deposit of your commission funds

Section 1: Producer Information

Producer Name			SSN or Tax ID	
Producer Address: Street			Producer Phone #	
City	State	Zip	Producer Email	

Section 2: Account Information (Maximum of Two Direct Deposits—Total for both deposits must equal 100%.)

Account #1: Type of Request: Add Change

Depository Name		Phone #	
City	State	Zip	
*Routing/ABA #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Acct #	
<input type="checkbox"/> Full Deposit	<input type="checkbox"/> Percent	Specify % amount:	

Account #2: Type of Request: Add Change

Depository Name		Phone #	
City	State	Zip	
*Routing/ABA #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Acct #	
<input type="checkbox"/> Full Deposit	<input type="checkbox"/> Percent	Specify % amount:	

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize UnitedHealth Group, 450 Columbus Boulevard, Hartford, CT 06103, hereinafter called COMPANY, to initiate credit entries to my (our) checking/savings account(s) indicated above and the depository named above, hereinafter called DEPOSITORY, to credit the same account. By requesting and accepting appointment with UnitedHealthcare, I agree to be paid by EFT.

(Signature) (Date) (Title if signing on behalf of an agency)

PLEASE ALLOW 4 WEEKS FOR THE DIRECT DEPOSIT TO TAKE EFFECT.

Commission funds are deposited to your account(s) 1 business day after the commission statement date.

Please call the Broker Customer Service Center at 1-888-842-4571 with any questions regarding this form.