

Request for Appointment Form

To request a new Agency, Agent, Satellite Agency for group sales, to update an existing agency or agent, or to terminate an agency or agent, please complete all information below. If more than one agent is being added to an agency, this form must be completed for each new agent. Upon completion, email to ChannelPartnerDataManager@BCBSFL.com. Please contact the Agent Service Center at (800) 267-3156 with any questions.

Section I: Type of request

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Type of Request: <i>(check one)</i> | |
| <input type="checkbox"/> Add New Agency/Agent <input type="checkbox"/> Add new Agent to an existing Agency <input type="checkbox"/> Add new Satellite Agency <input type="checkbox"/> Terminate Agency/Agent <input type="checkbox"/> Update Agency or Agent | |
| Type of Agency: <i>(check one)</i> | |
| <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation/Legal Entity | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> If making an update to an existing Agency/Agent, provide Florida Blue AOR Code: </div> | |
| If adding a Satellite Agency, provide the Parent/Master Agency's Florida Blue Agency of Record Number: | |

Section II: Agency Information:

| | | |
|-----------------------|----------------------|---------------------------------------------------------------------------------------------------------|
| Agency Name: | | Florida Agency License Number: <i>(as registered with the Florida Department of Financial Services)</i> |
| DBA, if applicable: | | Agency Tax ID (TIN): |
| Agency Email Address: | Agency Phone Number: | |

| | | | |
|-----------------|---------|--------------------|-----------|
| Agency Address: | | Agency Fax Number: | |
| City: | County: | State: | Zip Code: |

New Agency Questions:

1. Are you currently working with a Florida Blue Representative or General Agent? Yes No
If yes, with whom are you working? _____
2. Do you have a physical office in the State of Florida? Yes No
3. How long has your agency been in business? _____
4. How is your Florida business allocated?
 - a. Percent of your business that is group health business _____%
 - b. Percent of your business that is P&C _____%
 - c. Percent of your business that is financial advice _____%
5. Number of Florida group health clients that have 4-50 employees? _____
 • Current number of health contracts for this group size (*Where 1 contract= 1 subscriber*) _____
6. Number of Florida group health clients that have 51 or more employees _____
 • Current number of health contracts for this group size (*Where 1 contract= 1 subscriber*) _____
7. Do you have Florida business with other group health carriers? Yes No
 If so, how is this business allocated among the carriers:
 - Name of Carrier _____ #of Groups _____
 - Name of Carrier _____ #of Groups _____
 - Name of Carrier _____ #of Groups _____
8. Do you have a preferred Group Health carrier in Florida? Yes No
 If so, who and why?

9. Do you have Florida ancillary business (Group Life, Dental, Disability, Vision and/or Worksite Products) with other group business carriers? Yes No
If so, how is this business allocated among the carriers:

- Name of Carrier _____ #of Groups _____
- Name of Carrier _____ #of Groups _____
- Name of Carrier _____ #of Groups _____

10. Do you have a preferred Ancillary carrier in Florida? Yes No
If so, who and why?

11. What is your agency's 6–12-month growth goal for the Florida group health/ancillary market?

12. Do you anticipate writing at least 50 contracts in the group market with Florida Blue in a year (1 contract=1 subscriber)?

- Yes, I anticipate 50 contracts
- No, I do not anticipate 50 contracts

Important note: if at this time your agency does not have group business in Florida and does not anticipate being able to reach a 50-contract minimum with Florida Blue, you may want to reconsider and submit your request for appointment at a future date.

Section III: Agent Information:

| | | | |
|-----------------------------------|-------------------------------|------------------------------------------------------------------------------|-----------|
| Agent Name (Last, First, Middle): | | Suffix (Jr., Sr.): | |
| Agent Date of Birth: (mm/dd/yyyy) | Agent Social Security Number: | Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Agent Home Address: | | Home Telephone Number: | |
| City: | County: | State: | Zip Code: |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Agent Email Address: <i>(if different than agency email address)</i> |
| Are you currently a resident of the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently licensed to sell health insurance products in the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Important Note: see the Agent Appointment Fee invoice for Resident and Non-Resident requirements

Agent License Information:

| | | |
|-----------------|------------------|--------|
| License Number: | Type of License: | State: |
|-----------------|------------------|--------|

Errors & Omissions (E&O) Insurance:

Florida Blue requires each Agent to obtain and maintain a minimum of \$500,000 in specific and \$1,000,000 in aggregate Errors & Omissions (E&O) insurance coverage prior to becoming an appointed Florida Blue agent. A copy of the E&O declarations page or Certificate of Insurance must be included with this application.

| | | | |
|------------------------|--------------------|-------------------------------|--------------------------------|
| E&O Insurance Carrier: | E&O Policy Number: | E&O Specific Coverage Amount: | E&O Aggregate Coverage Amount: |
| E&O Start Date: | | E&O Expiration Date: | |

The following questions are applicable to all Agents, Agencies, Corporations, Partnerships, and other business ventures as well as to each of the partners, members, directors, officers, and agents individually. If any question is answered 'Yes,' you must provide a full account of the details on a separate sheet of paper and return to Florida Blue with your application packet and all other required documents.

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been convicted of a crime other than a minor traffic violation (e.g., felony, misdemeanor)?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/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

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been refused license to sell Insurance/HMO products, or has a license to sell Insurance/HMO products ever been suspended or revoked by any state?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been employed by an Insurance/HMO company, or another organization providing for or assisting with the administration of health care or other employee benefits, where the employment contract was terminated or non-renewed because of allegations of wrongdoing?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever surrendered any insurance or HMO license, whether voluntary or involuntary?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever declared bankruptcy, had a lien placed against you or your company, been a judgment debtor, or had other problems with your (or your company's) credit history?

Yes No

Are you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) currently named party in a lawsuit?

Yes No

Have you ever been short in accounts with an employer?

Yes No

Has an application for bond ever been declined to you?

Yes No

To better service our market, Florida Blue would like to know any language(s) our sales partners can speak and are willing to speak in their job. Additionally, although not required, we would like to know our sales partners ethnicity.

| Primary Language(s) Spoken (optional) | Are you willing to use this language in your job? (Check all that apply) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Other (please specify): 1. _____ 2. _____ <input type="checkbox"/> Prefer to not identify | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ethnicity (optional) : (check all that apply) | |
| <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caribbean Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Prefer to not Identify | |



Florida Blue will be obtaining a complete list of companies with which you hold a current agent appointment as listed on the State of Florida Office of Insurance Regulation (OIR) website.

I certify that I have read and understand the items on this form and that the answers to the above questions are true and complete to the best of my knowledge. If accepted, I agree to comply with all the regulations of Florida Blue and the State of Florida Office of Insurance Regulations (OIR). I understand and agree that I am not permitted to solicit insurance until I have received my license from the OIR.

NOTICE: "The Fair Credit Reporting Act" requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application for sponsorship for license which will provide applicable information regarding your health, past history, character, general reputation, personal characteristics and mode of living. The information obtained in such an inquiry may be released to any third party, including State and Federal regulatory bodies. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

In signing this application for appointment, I certify that I have not been convicted of any criminal felony involving dishonesty, breach of trust, or been convicted of an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. Furthermore, I agree to immediately inform Florida Blue of any conviction of the types described in the preceding sentence.

Signature of Agent (Applicant) _____ Date: _____

Signature of authorized Agency Representative _____ Date: _____

BACKGROUND CHECK CONSENT NOTICE:

“The Fair Credit Reporting Act” requires Blue Cross and Blue Shield of Florida (Florida Blue) to advise you that a routine inquiry may be made during our initial or subsequent processing of your application, which will provide applicable information regarding your character, reputation, personal characteristics, health, mode of living, past history, employment record, education, qualifications, criminal record, driving record, credentials, credit standing, credit history and/or indebtedness.

The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment, personal and professional reference checks, licensing and certification checks, investigative reports, etc. The information will be obtained from private and/or public record sources, including sources identified by you in your application or otherwise disclosed by you, your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions, or acquaintances, or various Federal, State, or Local agencies, and may involve personal interviews with such sources. The information obtained in such an inquiry may be released to any third party, including State, Federal and local regulatory bodies. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

By signing this acknowledgment and consent in conjunction with your application for appointment, you fully authorize and permit Florida Blue to obtain such consumer reports, credit reports, investigative consumer reports and other background information at any time after execution. You hereby authorize without reservation, any party or agency contacted by Florida Blue, and the consumer reporting agency acting on behalf of Florida Blue, to furnish the above-mentioned information to Florida Blue, or any other agents, affiliates, or designated representatives. You agree that a fax, photocopy or electronic copy of this acknowledgment and consent with your physical, digital, or electronic signature shall be accepted with the same authority as the original.

Signature of Applicant: _____

Date: _____

Applicants from California, Minnesota, and Oklahoma ONLY!

Check this box if you would like a copy of the report emailed to you

Background check is being processed by:
HireRight
3349 Michelson Dr. Suite 150
Irvine, CA 92612
Phone: 866-521-6995
Fax: 877-797-3442
customerservice@hireright.com