



AGENT APPOINTMENT APPLICATION

Agent Name: _____ DOB: ____/____/____ S.S# _____

NPN: _____ License ID No. _____ License Effective Date: ____/____/____

Cell Phone: (____) _____ Email: _____

Resident Address: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: (____) _____

Contracted FMO/GA: Plan Advisors LLC

FMO/GA ID: _____

Address: 5846 South Flamingo Road, Suite 196, Ft. Lauderdale, FL 33330

1. Has the applicant listed above pled guilty or nolo contendere to or been guilty of a felony or a crime involving moral turpitude since qualifying for this appointment? Yes No
(If "Yes," attach a separate document describing the circumstances related to this question.)
2. With the exception of credit life and disability insurance agents, is this licensee employed by or associated with to any degree, directly or indirectly, a financial institution as defined in Section 626.983.F.S.? Yes No
(If "Yes," attach a separate document describing the circumstances related to this question.)
3. Has your license ever been suspended or revoked? Yes No
(If "Yes", please explain here.)

*If appointed to represent HealthSun Health Plans, I fully understand that as the "Agent" I am and will be considered an independent contractor. I understand that I am not an employee of HealthSun Health Plans, Inc. ("HealthSun"). I am representing HealthSun as an independent broker. This application and any attachments become a part of your agent file with HealthSun.

Agent Print Name

Agent Signature

Date



NON-DISCLOSURE/ CONFIDENTIALITY AGREEMENT

I, _____, recognize the importance of Confidentiality at HealthSun Health Plans ("HealthSun"). Therefore, I understand that anyone who improperly uses or discloses trade secrets or confidential information to any outside parties will be subject to disciplinary action, up to and including termination of employment/contract and legal action, even if the individual does not actually benefit from the disclosed information.

As a Sales Agent/Broker of HealthSun Health Plans I understand that the protection of confidential information is vital at HealthSun. I understand that I will have access to confidential information. I understand that I am being trusted not to talk about, disclose or misuse any of this information. Therefore, I understand and agree to abide by the following:

- _____ 1. I agree that any document(s) or information that I see or hear at HealthSun must be kept strictly confidential.
- _____ 2. I will not describe, discuss, talk about or keep copies of any of the information that I am not entitled to, materials or documents that I see, hear about or work on in connection with my employment at HealthSun. I will not misuse or attempt to alter any materials or information provided by HealthSun in any way.

I understand that if I do something wrong with respect to confidential information I will not be allowed to continue as an employee or contracted agent and may be subject to fines or other penalties. Confidential information may include but not be limited to, the following examples:

- Customer information (potential, current, former)
- Claims Data
- Financial Information
- Marketing Strategies
- Medical Issues
- New materials research
- Pending projects or proposals
- Personnel Information (potential, current, former)
- Policies and Procedures
- Proprietary Production Processes
- Research and Development strategies
- Underwriting Data

All HealthSun Sales Agents/Brokers have an affirmative responsibility to disclose actual or potential compliance violations in accordance with HealthSun Policies and Procedures. HealthSun requires disclosure of the following information from all Sales Agents/Brokers, applicable for the duration of the agent's State Appointment with HealthSun:

1. All actual or potential compliance violations
2. Any complaint made by any beneficiary regarding any marketing practice

By my signature below, I understand and agree with all the above statements.

Agent Print Name

Agent Signature

Date



TELEMARKETING PRACTICES STATEMENT

This policy has been established to assure that prospective members are not receiving excessive and/or unsolicited communications from either Sales Agents/Brokers and/or telemarketing associates. It is HealthSun policy that no Sales Agent/Broker is to engage in "cold-calling" (unsolicited) for the direct or indirect purposes of enrollment in HealthSun Health Plans. In addition, no unsolicited means of direct contact with prospective enrollees is allowed, including outbound telemarketing of any kind, without the prospective enrollee initiating contact. Sales Agents/Brokers must utilize CMS approved presentations when describing HealthSun Health Plans. All telemarketing presentations must be reviewed and approved by CMS.

Sales Agents/Brokers are required to make every effort to confirm that the prospect or member has not previously indicated that they do not want to be contacted for the purpose of marketing/sales prior to contact. Significant penalties to the company may be applied as a result of non-compliance; therefore, failure to comply could result in termination. Sales Agents/Brokers must access the Do Not Call/ Deceased database to verify that the phone numbers they wish to call are not on the DNC list maintained by HealthSun. If access is limited to the DNC/Deceased database, the Sales Agent/Broker must contact the HealthSun Sales & Marketing staff to verify the DNC list.

Sales Agents/Brokers are strictly prohibited from accessing HealthSun systems and/or databases that contain the names and addresses of HealthSun members for the purpose of using member data to promote products distributed by HealthSun Health Plans.

Telemarketing leads are the property of HealthSun and are for the sole purpose of promoting products distributed through HealthSun Health Plans. They may not be used by any Sales Agent/Broker to promote products that are not distributed by HealthSun or for any other purpose.

DO NOT CALL CONTACT REQUESTS

If, at any time, a HealthSun Sales Agent/Broker is made aware of a prospect or member who wishes to have their name removed from a direct marketing list, the agent is responsible to immediately act on that request. Sales Agent/Broker are to forward the request in writing to Marketing Management for proper handling. No additional contacts of any kind are permitted to be made to the person making the request.

BUYING LISTS

No HealthSun Sales Agent/Broker is permitted to purchase a list for the purpose of telemarketing in any Medicare Advantage market.

HEALTHSUN HEALTH PLANS SALES AGENT/BROKER

I understand that willful violation of any part of this policy may result in my immediate termination.

By my signature below, I understand and agree with all the above statements.

Agent Print Name

Agent Signature

Date



SALES & MARKETING CODE OF ETHICS

HealthSun Health Plans is committed to providing appropriate guidance to its valued customers. Our company's continued success depends upon the integrity of all persons representing us.

All HealthSun Health Plans Sales Agents/Brokers will subscribe to the following Code of Ethics, applicable to the sale of HealthSun MAPD plans. In addition, agents agree to comply with HealthSun's Principles of Business Ethics, all Centers for Medicare and Medicaid Services (CMS) and the Florida Department of Financial Services (FLDFS) regulations, as well as HealthSun's policies as an expression of personal commitment to honest and ethical sales and marketing practices.

Your signature below acknowledges your commitment to comply with these principles, and that you have read each item and agree to comply with its content. Any violation of this Code may subject you to termination and/or possible legal action as specified by CMS and/or State regulations.

Read and initial each item:

- _____1. Agent will conduct them self with professionalism and integrity and with respect for the rights and reasonable requests of prospective HealthSun customers at all times.
- _____2. Agent will disclose their name, company name, and the purpose of their visit at every meeting with a potential enrollee. Agent will make no claim other than to explain the appropriate HealthSun MAPD plan, its benefits, limitations, and how to enroll. Misrepresentation of the purpose of the agent's visits is strictly prohibited.
- _____3. Agent agrees to use the CMS approved HealthSun Scope of Appointment to document beneficiary's agreement to meet prior to the appointment, as per CMS guidance.
- _____4. Agent agrees to use CMS approved Sales Presentation Booklet in its entirety when presenting a HealthSun MAPD plan to ensure full disclosure plan benefits, limitations, and cost sharing to all prospective enrollees and will present all required CMS disclaimers during the presentation.
- _____5. Agent will base their presentations on the merit and quality of the respective HealthSun plans and will not criticize competitors or their plans.
- _____6. Agent will make only approved claims as authorized by HealthSun and CMS and shall not use any form of pressure, scare tactics, coercion, deception, sympathy, appeal, or other unethical sales tactics in their presentation.
- _____7. Agent will always give clear, thorough and accurate information regarding HealthSun MAPD plans. Agent is prohibited from making false, misleading, half-true, or exaggerated statements.

- _____8. Agent is prohibited from conducting door-to-door solicitation for MAPD plans, per CMS guidelines. In addition, no unsolicited means of direct contact with prospective enrollees is allowed including outbound telemarketing of any kind without the prospective enrollees' initiating contact. Agent may contact prospective members in very limited situations including but not limited to:
 - Initiating a phone call to confirm an appointment that was already agreed upon by the prospective member.
 - Initiating a phone call to a prospective member who had given prior express permission for the plan or sales agent to contact them. Permission to contact is given on a limited, event specific basis.
- _____9. Agent may contact members that they enrolled to discuss plan issues and/or market other plan options.
- _____10. Agent will not sign the enrollee's name, with or without permission, on the enrollment application or knowingly accept a signature other than the enrollee's on a plan application for any product, except in the case of an authorized Healthcare Power of Attorney (POA). They will not knowingly accept a signed incomplete application. Agent is responsible to ensure that all information on an application is complete, accurate, and will not alter, remove, replace or misrepresent any information obtained from the prospect.
- _____11. Agent will make an effort in good faith to conduct a Suitability assessment and/or NEADS analysis with all prospective members to determine what HealthSun Plan, if any, is appropriate for the prospective member and will sell or replace a product only when it is clearly in the policyholder's best interest, without regard for the agent's compensation.
- _____12. Only a licensed agent who presents the benefits of the plan and confirms their intent to enroll may sign the application.
- _____13. Agent is responsible for all applicable insurance licenses required to sell MAPD and MA plans in all states in which they market. Agent must have a valid resident or non-resident license issued from the state where the Medicare beneficiary permanently resides in order to market or sell MAPD and MA plans.
- _____14. Agent will use only HealthSun and CMS approved marketing materials. They will not modify or alter approved materials for their use in marketing/sales of MAPD or MA plans.
- _____15. Agent may not offer or accept gifts from providers and/or territorial contacts; arrange to share or split their MAPD incentives; accept additional financial incentives; or otherwise allow themselves to be influenced or coerced in any way in the conduct of business.
- _____16. Agent will not involve themselves in facilitating the execution of Healthcare POA documentation; disenrollment from another plan; medical referrals (as applicable) or any other activity that could be reasonably viewed as unethically influencing an enrollment.
- _____17. Agent may neither give nor offer a gift or payment of any kind to a prospective member as an inducement to enroll in a HealthSun plan. An offer of a rebate in any form is strictly prohibited. CMS permits the use of gifts of a nominal value, defined as having a value of \$15 retail or less and that cannot be readily converted to cash.

- _____18. Agent will assure, to the best of their ability, that the prospective member is of sound mind and capable of thoroughly understanding the plan. If, at any time, they doubt an individual's mental ability to comprehend, they will discontinue the enrollment until such time as they can meet with someone with appropriate legal authority to enroll the Medicare eligible prospective member.
- _____19. Agent may indicate that the HealthSun MAPD plans meet criteria specified by government agencies. Agent may never imply that their visit is in any way connected with the government or approved by a particular government agency or official, or portray them self as a representative of Medicare or any other government agency.
- _____20. Agent understands that HealthSun operates its Medicare programs and offers its MAPD plans and services to all enrollees and applicants for enrollment without regard for race, color, religion or national origin in compliance with the Title VI of the Civil Rights Act of 1964. In addition, all agents must observe the company's policy of non-discrimination on the basis of race, creed, color, sex, age, national origin and health status, except as provided by the Federal Register and/or CMS guidelines.
- _____21. In the event an allegation of misconduct is lodged against an agent, the agent will provide a detailed written response to the complaint within 5 business days of notification of the complaint.

By my signature below, I understand and agree with all the above statements.

_____ **Agent**

Print Name _____ **Agent Signature** _____ **Date**

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
-	
-	
or	
Employer identification number	
-	

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Dear Trading Partner:

Anthem Accounts Payable is pleased to provide you with the opportunity to receive payments through Electronic Funds Transfer (EFT). This service, which is at no cost to you, is intended to provide your organization with faster receipt of payments and an automated remittance advice.

The remittance advice is provided through a Bank of America sponsored secured Internet site at no cost to you. You will begin receiving payments electronically into the designated bank account once the completed and signed attached forms are received by Anthem and processed.

Your Account Representative will receive an email inviting them to enroll as a participant in the Bank of America Global Advice service from apvendor@anthem.com. A second email will be received containing a token; which is required for enrollment. Enrollment instructions are included in the invitation email. User ID cannot exceed 15 characters and are created by the Account Representative. Please make note of your User ID when enrolling.

Anthem will be notified once you have successfully enrolled. When Anthem approves your enrollment you will receive an email with the URL to Global Advice and your User ID. A separate email will be sent with your temporary password.

It is not necessary to have an established bank account with Bank of America to enroll or receive remittance advice information through the Global Advice program website.

Global Advice URL <https://globaladvice.bankofamerica.com/bofa/jsp/index.jsp>

By completing this form you are hereby authorizing enrollment into the Anthem EFT program; including validation of data provided through a third party Anthem partner. Please allow 7 days for account verification.

Please return the completed form to your Anthem contact.

If you have any questions about our EFT program, please call 1-888-236-0013 or send an email to APVendor@anthem.com.

Thank you



Please read and complete the following:

1. Trading Partner hereby agrees to Electronic Funds Transfer (EFT) for Anthem Accounts Payable payments.
2. Trading Partner shall inform Anthem Accounts Payable of all updates pertaining to these documents at least 20 days prior to implementation of changes. In the interim, a check will be issued and mailed to the payment address currently on file.
3. EFT shall be subject to all rules, procedures and requirements of the banking institution involved and of any concerned regulatory agencies.
4. Trading Partner hereby represents and warrants that this request for payment via EFT is signed by an executive or officer-level authorized representative and he/she hereby represents and warrants that he/she is authorized to make this request on behalf of the Trading Partner. The Trading Partner will also assign an individual to act as a contact for the account.

Trading Partner (Company) Name: _____

Trading Partner (Company) Tax ID/SS #: _____

Authorized Officer:

Name (Print or Type) Signature

Title Date Phone

Account Representative:

Name (Print or Type) Signature

Title Date Phone

Email Address Fax

The Authorized Officer name and signature requested are that of a person in an executive or officer-level position.

The Account Representative will be the point of contact for Anthem Accounts Payable in the event that any questions may arise regarding the provided account information.

Note: Electronic Funds Transfer (EFT) Authorization must accompany this request. Incomplete forms will be returned.



FOR COMPANY AND INDIVIDUAL USE	
Bank Name	
Routing Number	
Account Number	
Tax ID	
Name on Bank Account	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Phone Number	
Fax Number	
Email Address	
FOR INDIVIDUAL USE ONLY	
SSN	
First Name	
Last Name	
DL Number	
DL State	
Date of Birth	
REMIT ADDRESS IF DIFFERENT FROM ABOVE	
Remit Address Line 1	
Remit Address Line 2	
City, State, Zip	

**ONLY CHECKING ACCOUNTS CAN BE ACCEPTED FOR ACH ELECTRONIC FUNDS TRANSFER
 PLEASE ALLOW 7 (SEVEN) BUSINESS DAYS FOR ACCOUNT VERIFICATION AND ENROLLMENT COMPLETION**

An authorized bank account holder must sign this form. I hereby authorize Anthem Accounts Payable or its affiliates to initiate deposit (credits) payments to the financial institution indicated above. Anthem Accounts Payable will comply with all ACH rules as stated in the *National Automated Clearing House Association ACH Rules* in conjunction with the administration of any payments to this account. This authority is to remain in full force and effect until I revoke it by giving 20 days prior written notice to Anthem Accounts Payable.

Account Representative:

 Name (Print or Type)

 Signature

 Title (if applicable)

 Phone

 Email Address

 Fax

 Date

 Requested Start Date