



SELLING AGENT APPOINTMENT APPLICATION

Application applies to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, and HIP

AGENT INFORMATION:

Type of appointment requested: Individual Corporation

A.

Applicant:		Business Phone Number:
Business Address:		Business Fax Number:
City:	State:	ZIP Code:
Email:		
Agency Taxpayer ID or Social Security Number:		Agent License Number:

B.

List other companies to which the applicant has been appointed within the past five years:

C.

Does the applicant carry General Liability as well as Errors and Omissions Insurance coverage*:

No Yes (If yes, please submit the face page of the current policies)

*Selling Agent must maintain General Liability coverage in amounts not less than one (\$1,000,000) per occurrence and two million dollars (\$2,000,000) in aggregate and Professional Liability/Errors and Omissions insurance coverage in amounts of one million (\$1,000,000) per occurrence/claim and three million (\$3,000,000) in aggregate or such other coverage as specified in the Selling Agent Agreement.

D.

List all Officers and Directors and give information requested below. If sub-licensee, check box(es) and list before other Officers and Directors

Name: Last First M.I.		Date of Birth:
Title of Officer	SSN	Check here if Sub-Licensee: <input type="checkbox"/>
Name: Last First M.I.		Date of Birth:
Title of Officer	SSN	Check here if Sub-Licensee: <input type="checkbox"/>
Name: Last First M.I.		Date of Birth:
Title of Officer	SSN	Check here if Sub-Licensee: <input type="checkbox"/>

Note: The Selling Agent Appointment Application must be completed and returned, along with a copy of the signed Selling Agent Agreement and your current State of New York Insurance Department Accident & Health Agent license, by one of the following methods: scan and email to BrokerOps_Licensing@emblemhealth.com; or fax to **1-212-615-4628**.

Please complete other side

BACKGROUND INFORMATION (TO BE SUPPLIED BY AGENT)

Note: if you answer "yes" to any of the questions below, please include in your response all relevant dates, places, states and names. Attach additional information if necessary.

1. Has anyone named on this application ever been known by any other name? No Yes (provide details)

2. Has anyone named on this application ever been refused a license for insurance or had a license for insurance revoked or suspended?
 No Yes (provide details)

3. Has anyone named on this application ever been fined or formally disciplined by any insurance department or any state or government agency or authority?
 No Yes (provide details)

4. Has anyone named on this application ever been charged or investigated, in any capacity whatsoever, with financial irregularities, misconduct or fraud by any insurer, financial institution, employer or other party?
 No Yes (provide details)

5. Has the applicant ever had its agency appointment terminated for cause or for any of the above reasons?
 No Yes (provide details)

6. Other than traffic infractions or "youthful offender" adjudication, has anyone named in this application ever been convicted of a crime?
 No Yes (provide details)

I hereby certify that the information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant (Selling Agent) _____ Date _____

As part of the procedure for processing this application for appointment with EmblemHealth Plan, Inc./EmblemHealth Insurance Company/HIP, an investigative report may be made. Such report will be confidential and will be used only for purposes of evaluating the applicant's qualification for appointment and you have the right to request, in writing and within a reasonable period of time, a complete and accurate disclosure of additional information concerning the nature and scope of such investigation or report.

FOR INTERNAL USE ONLY

General Agent Number: _____

Selling Agent Number: _____