

National Insurance Benefit Coordinators, Inc.

Appointment Instructions for *AR Blue Cross & Blue Shield*

Please complete the following:

1. _____ **Producer Appointment Page:** Complete all required information.
2. _____ **Background Information:** Answer each question by marking the appropriate box. If you answer yes to any question please provide an explanation.
3. _____ **Acknowledgement Schedule:** Complete and sign.
4. _____ **NIBC Direct Deposit:** Complete and return with voided check.
5. _____ **State License:** Please provide a copy of your AR state licenses.
6. _____ **W-9:** Complete and sign W-9.
7. _____ **Commission Schedule:** Please sign and date all 4 pages of commission schedule.
8. _____ **E&O:** Blue Cross *requires* all agents to carry E&O coverage. Please provide a copy of your E&O Certificate.
9. _____ **CMS or AHIP:** Please provide a copy of your CMS or AHIP certification if appointing to sell Medicare Products.

Once all information has been completed you can fax the attached information to 501-372-2221 or e-mail to karen@nibconline.com .

If you have any questions please call us at 501-372-4800.

National Insurance Benefit Coordinators, Inc.

112 Smart House Way
North Little Rock, AR 72114
(501) 372-4800 phone
(501) 372-2221 fax



PRODUCER APPOINTMENT INFORMATION

Full Name: Please Print All Information

Last	First	Middle

SSN: Required	DOB: Required	Producer NPN:

Agency Information

Bus. Name: National Insurance Benefit Coordinators, Inc				
Tax ID: On File		Agency License: On File		
(Only Required for Agency Appointment)		(Only Required for Agency Appointment)		
On File	On File	On File	On File	On File
Agency Physical Address	City	State	Zip	County
Agent Mailing Address	City	State	Zip	
Bus Phone:		Bus Fax:		
Cell/Other:		E-mail:		

Producer Background Information

Name you prefer to use:

For all questions answered YES, give details on a separate sheet of a paper.

Describe the type and nature of any offense, as well as date/s and place of conviction or plea and disposition.

1. Have you ever been refused an insurance license, had a license suspended, or revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been formally disciplined by any insurance department, state agency, government agency or other authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever been charged in any capacity with fraud, financial irregularities, or misconduct by any insurer, financial institution, or others?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have you ever been discharged from employment for cause or for any of reasons stated in question #3?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Other than traffic infractions or "youthful offender" adjudication, have you ever been convicted of a crime?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CREDIT/INVESTIGATIVE REPORT NOTICE AND RELEASE FORM

As part of the application procedure, the Company may have an investigative consumer report prepared. The investigative report may consist of employment history, public records or other information, such as current status of Account. Upon my written request to the home office of the Company, the Company will provide me with additional detailed information as to the nature and the scope of this investigation. Should a report have an adverse effect on my application, the Company will notify me in writing and identify the name and address of the reporting agency that prepared the report.

I hereby authorize the Company to conduct all such inquiries and obtain these investigative reports. I authorize all persons, firms and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms or entities supplying such information to the Company, and I agree to hold the Company harmless from and indemnify it from any liability which it may incur as a result of conducting any of the inquiries contemplated herein. The Company may provide to its affiliate companies all information it receives during its investigation. The Company may provide to its affiliate companies or third parties, including agencies that assume my debit balance, any financial, business, legal or tax information regarding me that is not part of the investigative report that it receives from third parties or its affiliate companies. I authorize the Company to provide information concerning any past-due debts owed the company to the credit reporting services to which it subscribes. These authorizations shall remain in effect for two (2) years after the date I sign this application.

I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent's contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer number.

Signature of Applicant: _____

Date: _____

CORPORATE AGENT
ACKNOWLEDGEMENT SCHEDULE & AGREEMENT

I, whose signature appears below, a director, officer, employee or agent of "**National Insurance Benefit Coordinators, Inc**" hereafter referred to as "Corporate Agent" which has entered into an Agent's Agreement, hereafter referred to as "the Agent's Agreement," with Company will represent Company on behalf of Corporate Agent in soliciting application(s) and servicing policyholder(s). In consideration of this representation, I acknowledge and agree as follows:

1. I have read the Agent's Agreement, understand its provisions, and agree that I, as an individual and as a representative of Corporate Agent, am obligated to abide by its terms, including, but not limited to, the Duties of Agent set out in Section 2.0 of the Agent's Agreement.
2. I understand and agree that the commissions payable under the Agent's Agreement as a result of my efforts in soliciting application(s) shall be paid to and become the property of Corporate Agent.
3. I understand and agree that Company may terminate my representation at any time, with or without the approval of Corporate Agent.
4. I understand that I am not authorized to represent Company until the later of the Effective Date of the Agent's Agreement or the date I execute this Schedule.

IN WITNESS WHEREOF, on this _____ day of _____, 20___, I hereunto set my signature:

[Signature]

[Type name of individual]

[Type address and telephone number of individual]

National Insurance Benefit Coordinators

Direct Deposit Enrollment and Authorization Form (Authorization Agreement for Electronic Transfer of Funds via ACH Credits)

Instructions:

1. Complete this entire authorization agreement. Please print using black or blue ink.
2. Present this completed form to the company's financial office. If your checking account will be credited, please attach to this form a voided check for the checking account. If your savings account will be credited, please attach to this form a voided deposit slip for the savings account.
3. This agreement may be revised or terminated at any time by written notification or email to the company's financial office.

YOUR INFORMATION

Check appropriate box:

- New Enrollment/Authorization
- Change in Bank Account
- Cancel Participation

Last Name:		First Name and Middle Initial:	
Street Address:			
City:		State and Zip Code:	
Daytime Phone: ()		Evening Phone: ()	

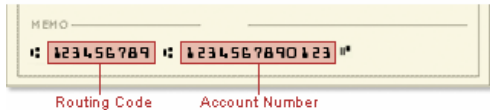
CHECKING OR SAVINGS ACCOUNT ACH CREDIT AUTHORIZATION

Payroll deposits should be credited to my:

- Checking Account (Please attach a voided check.)
- Savings Account (Please attach a deposit slip.)

Routing Number (9 Digits): _____

Account Number: _____



I hereby authorize **National Insurance Benefit Coordinators** to automatically deposit payroll into my account by initiating ACH credit transactions per the information stated on this form. I also authorize **National Insurance Benefit Coordinators** to initiate debit entries to my account, should such entries be necessary to correct incorrect entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until **National Insurance Benefit Coordinators** has received written notification from me of its termination in such time and in such manner as to afford **National Insurance Benefit Coordinators** a reasonable opportunity to act on it.

Company Use Only:

ACH Transaction Set Up on ___/___/___ by _____

Individual ID Assigned: _____

Account Holder 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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number									

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

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).

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

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

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

Purpose of Form

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

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

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

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

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

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

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