



Request for Appointment Form – Group Sales Only

Please complete the form below to request a new agent appointment, to make changes to an existing agent, or to terminate an active agent. If more than one agent is being added to an agency, please complete a separate form for each new agent. Please contact the Agent Service Center at 800-267-3156 with any questions.

Section I: Type of Request

Type of Request: <i>(select one)</i>	
<input type="checkbox"/> Add Agent <input type="checkbox"/> Update Agent <input type="checkbox"/> Terminate Agent	
	<div style="background-color: #e0e0e0; padding: 2px;">Agency AOR Code</div> AOR CODE: _____

Section I: Agency Information

Agency Name		Agency Tax ID (TIN)	
DBA			
Agency Email Address		Agency Phone Number	
Agency Address		Agency Fax Number	
City	County	State	Zip Code

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 (if different than agency email address)				
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				

Agent License Information:

License Number	Type of License	State
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Errors & Omissions (E&O) Insurance

Truli for Health 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 Truli agent. A copy of the Errors & Omissions declaration 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 End 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 Truli for Health 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 any lawsuit?

Yes No

Have you ever been short in accounts with any employer?

Yes No

Has an application for bond ever been declined to you?

Yes No

To better service our market, Truli for Health would like to know any language(s) our sales partners are capable of speaking and are willing to speak in their job. Additionally, we'd 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"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Spanish	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Creole	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Russian	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prefer to not Identify	

Ethnicity (optional): (check all that apply)

- Asian/Pacific Islander
- Black/African American
- Caribbean Islander
- Hispanic
- Native American
- White/Caucasian
- Prefer to not identify

Truli for Health coverage is offered by Truli for Health, an affiliate of Florida Blue. These companies are independent Licensees of the Blue Cross and Blue Shield Association.

Truli for Health 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 Truli for Health 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 Truli for Health of any conviction of the types described in the preceding sentence.

Signature of Agent (Applicant): _____ Date: _____

Signature of 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



AGENT APPOINTMENT FEE INVOICE

Instructions:

1. Complete all gray areas below prior to printing and mailing invoice.
2. Enter the Agent's License number below and on your check.
3. Mail a copy of this invoice and a check in the amount of **\$61.98**, plus any county fees as appropriate.

Note: An additional per county fee of \$6.20 must be paid for each county in which a non-resident agent intends to physically transact insurance in Florida. Please write the desired counties on this invoice.

Make check payable to Truli for Health and mail to:

Truli for Health
4800 Deerwood Campus Parkway
Channel Partner Info Management, DC2-6
Jacksonville, FL 32246

License #: _____|_____|_____|_____|_____|_____|_____

Florida Blue 7-Digit Agent #: _____|_____|_____|_____|_____|_____|_____

Agent Name: _____

Non-Resident: Yes _____ or No _____

If yes, number of counties physically selling in: _____

Which counties? _____

Non-resident county fees: \$ _____

By paying this fee, you'll be eligible to sell Truli for Health lines of business.

Check one: New agent _____ Re-appointment _____

Total Amount Due (\$61.98, plus any county fees): _____

