

Agent/Agency Application for Medicare Registration

FMO-TheBrokerageInc 75-1587598

Agent/Agency Information (please print):

List the state(s) in which you are requesting registration. Please attach copies of licenses.	Are you a resident of this state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check appropriate item: <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please identify)
Full Name of Agent or Agency. Please note that name and Tax ID must correspond.	Federal Employer Identification Number (Tax ID Number) OR Social Security Number that corresponds to legal name as provided	

Business Mailing Address (Include Post Office Box if applicable):

City	State	Zip Code
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Length of time at this location (If less than 5 years, please include on a separate sheet of paper a list of all locations):

Date of Birth	Phone Number	Fax Number	E-mail Address
Resident Mailing Address (If Applicable)		Resident City	
Resident State	Resident Zip Code	Resident Phone Number	Resident Fax Number

NOTE: A minimum of \$1,000,000 specific and \$1,000,000 aggregate E&O coverage is required for all Producer Registrations.

E&O coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of E&O coverage:	E&O carrier & policy #:	Copy of E&O declaration page or Certificate of Insurance included with application <input type="checkbox"/> Yes
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The following questions are applicable to the agent/agency/corporation/ partnership and to each of the partners, members, directors, officers or agents individually. If the answer is "Yes" to any of these questions, provide complete details on a separate sheet of paper. To the best of your knowledge:

- | | | |
|---|--|---|
| <p>A. Have you or any of the partners, directors, officers or agents within this 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been refused license to sell Insurance/ HMO, or has a license to sell Insurance/ HMO ever been suspended or revoked by any state?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>C. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been convicted of a crime, whether felony or misdemeanor, other than a minor traffic violation?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been employed by an Insurance/HMO company, or another organization providing for or assisting with administration of health care or other employee benefits, where the employment contract was terminated or non-renewed because of allegations of wrongdoing?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>E. Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever surrendered any insurance or HMO license, whether voluntary or involuntary?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. Are you or any of the partners, members, directors, officers or agents within this corporation/partnership currently a named party in any lawsuit?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>G. Have you or your company 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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If you answered Yes to any of the questions (A to G), please give details and the current status. (Attach any pertinent documentation.)

We want you to know[®]



Agent/Agency Application for Medicare Registration

I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I have been advised that one or more Aetna companies (the Company) or any of its affiliated companies, agents or subcontractors, may conduct investigations in connection with my request to represent the Company in the solicitation of Aetna products as described in the Producer Agreement. I hereby consent to the Company requesting and obtaining all information as discussed in this paragraph and for all such reports to be requested by and provided to the Company.

I understand that a routine inquiry may be made as a requirement for Medicare registration. If applicable, the Company may obtain reports from a consumer reporting agency, an investigation report or inquiries from a State Insurance Department. Any information that the Company obtains about me will be treated as confidential.

FAIR CREDIT REPORTING ACT — As part of its regular procedures, the Company may obtain an investigative consumer report. It may deal with character, reputation, personal traits and lifestyle. It may involve personal interviews with friends, neighbors and associates.

I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that, depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the above.

In signing this application I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law

Enforcement Act of 1994. I further agree to immediately inform Aetna Inc. of any conviction of the types described in the preceding sentence.

I agree to abide by the Disclosure Requirements mandated by the states in which I operate. I understand and agree to follow the guidelines of Aetna's HIPAA Privacy and GLBA Security Guidelines which are contained in the Aetna Producer Agreement.

I understand that if any of the information I provided is found to be incorrect or incomplete, it may be grounds for non-registration or my immediate termination at the discretion of the Company. **I understand that I may not begin to solicit or accept applications for Company Products unless and until I have received written notification of the Company's approval of my registration.**

My signature below signifies my agreement to Aetna's current producer agreement, which is located at http://www.aetna.com/producer/data/SGAA_Kit/Prod_Agreement.pdf; acceptance of the terms and conditions set forth in the Aetna Medicare Marketing Standards of Conduct of which I have received a copy and understood; and acknowledgement that I have received and reviewed the training information associated with the Medicare Advantage Plans or the Medicare Prescription Drug (Part D) Plans offered by Aetna, as applicable.

***If requesting firm registration in the following states, please provide a completed application along with all applicable licenses for a related individual producer: AL, AR, CT, DC, DE, FL, GA, IA, KS, KY, MD, ME, MI, MN, MS, NC, ND, NE, NH, OH, OK, PA, RI, SC, SD, TN, VA, VT, WI, WV**

Applicant's Signature
(Agent or Agency Officer if applying for Agency Registration)

Print Name Title Date

Licensing Contact Name Licensing Contact Phone Number

Aetna Producer Agreement

Agreement between Aetna Health Management, LLC, a Delaware limited liability company, on behalf of itself and its affiliates (“Company”), and _____ (“Producer”) having its principal place of business at _____

Producer has read and fully understands the terms and conditions of this Agreement (the “Agreement”). **In signing this Agreement, Producer certifies that Producer has not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under Section 1033 of the Violent Crime Control and Law Enforcement Act of 1994. Producer further agrees to immediately inform the Company of any conviction of the types described in the preceding sentence.**

To signify their agreement to the provisions of this Agreement, Company and Producer have made and entered into this Agreement as of _____, _____ (“Effective Date”).

Producer Name (Print Name): _____

Tax ID/SSN #: _____

Phone: _____

E-mail Address: _____

Signature: _____

Title: _____

Date: _____

FMO-The Brokerage Inc. 75-1587598

Aetna Health Management, LLC.

Print Name: _____

Signature: _____

Title: _____

Date: _____

Please indicate the size of customer that you typically represent: ___ Medicare-eligible individuals and/or individuals age 65 and over, ___ 1 – 50 eligible employees, ___ 51 – 3,000 eligible employees, or ___ 3,000+ eligible employees.

If you currently work with an Aetna sales representative, please indicate his/her name:

_____. Once completed, please return the completed Agreement, along with the other necessary forms and applications, to Company at the following address: Aetna, Licensing and Appointment Administration Unit, P.O. Box 5066, Sugar Land, TX 77487. You will receive written confirmation of Company acceptance.

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		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
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. 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 2.** 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 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.