

Instructions for Application to Sell UnitedHealthcare Products

PLEASE READ THOROUGHLY

General Information

All external producers (E.g., agents and agencies) intending to solicit business on behalf of UnitedHealthcare (UHC) must be authorized to represent the company and its products. Authorization includes entering into a legal agreement with UHC and being appointed by the company. You must submit an agent/agency agreement, appointment forms, and license information as required by applicable federal and state laws and UHC policy to be appointed.

If you are applying for an agency appointment, state requirements mandate that each agency appointed by an insurer must have all writing agents soliciting UHC business appointed as well. At the very least, the agency's request for appointment must be accompanied by the application of one writing agent who is licensed and appointed for each state in which business is conducted.

IMPORTANT!!!

You must be appointed by the time your first commissions check is issued; otherwise, payment will be held or denied until the appointment is complete. **Please ensure that your sales office contact has the completed appointment and contract paperwork no later than the time you begin quoting business.** As appointment processing times vary due to individual state requirements, submitting the appointment forms early will ensure that commissions payments will not be delayed.

Instructions for Applying for UHC Appointment

This instruction package accompanies the package of forms required for authorization to sell UHC products. Please read and follow all instructions carefully. When complete, the entire package of forms can be forwarded back to your contact at the sales office or to the Producer Credentialing Department. Forms can be sent by mail, fax, and email (if you have scanning capabilities), to the contact information provided on the broker checklist.

You may be advised by your local sales office of additional market specific requirements to become a UHC agent, such as certification.

You will be notified by mail if your appointment has been approved/denied.

Forms/Information Required for UHC Appointment

The following forms/information must be provided to apply for a UHC appointment. Instructions for completion of each form are included:

- √ Agent/Agency Agreement (if multiple producers at an agency or the agency itself are applying for an appointment, each producer must sign their own agreement)
- √ Request for Appointment of Insurance Producer Form (only one form is required even if you are applying for appointment in multiple states)
- √ Florida Non-Resident County Appointment Form (to be completed for Florida non-resident agents who physically enter the state of Florida to conduct business)
- √ Compensation Assignment Form (to be completed only if you are assigning commissions to another individual or business entity)
- √ Direct Deposit Authorization/Maintenance Form: **Direct Deposit is mandatory for all newly appointed producers receiving commissions.** If you are assigning commissions to an agency or individual other than yourself, the Direct Deposit Authorization/Maintenance Form must be completed for that entity. They must also be appropriately licensed and appointed. **Please also include a copy of a voided check from which the funds will be deposited.**
- √ Copy of your current Life, Accident, and Health (or equivalent) license for all states in which you intend to sell UHC business. (Please be aware that agency licensing requirements vary by state. UHC requires evidence of agency licensing in all states where DOIs issue business entity licenses.)

Background Check

Some states require that a background check be performed on an individual producer seeking a company appointment. UHC is responsible for submitting the request to the background check vendor. If the background check is "clear," the appointment can be processed. Appointments requiring background checks take an average of one week longer to complete.

Renewal Licenses

Insurance regulations require that you maintain copies of your current licenses on file with UHC by timely submitting renewal copies. Your appointments by UnitedHealthcare will be terminated if we don't receive a copy of the renewed license prior to the expiration date of the license. If your appointments are terminated, you will no longer be able to sell UnitedHealthcare products. In most states, commissions will not be paid after your appointment is terminated.

Instructions for Completing the Agent/Agency Agreement

Please complete and sign the new Agent/Agency Agreement along with the appointment forms. **Please do not alter the agreement in any way other than as described in these instructions.** Altered Agent/Agency Agreements will not be accepted and, as a result, your appointment(s) will not be processed.

IMPORTANT!!! Agents and Agencies must sign separate Agreements. If you work for an agency and the agency is also seeking UHC appointment, a separate agreement must be completed and signed by the individual agent and an agency representative.

If you are signing the agreement as an Agent:

- Type or print the full name of the contracting agent in the line on the first paragraph of page 1 of the agreement that precedes the word "Agent" in parentheses.
- Print the full name of the contracting agent in the line above the words "Printed Name" in the signature section on the last page.
- Print the SSN of the contracting agent under which you are seeking appointment with UnitedHealthcare in the line above the words "SSN/TIN" in the signature section on the last page.
- Put the date when you sign the agreement in the line above the word "Date" in the signature section on the last page.
- The contracting agent whose name appears as the "Agent" on page 1 should sign on the line above the word "Signature" in the signature section of page on the last page.

If you are signing the agreement for an Agency:

- Print the full name of the contracting agency in the line on the first paragraph of page 1 that precedes the word "Agent" in parentheses.
- Print the TIN of the contracting agency under which the entity is seeking appointment with UnitedHealthcare in the line above the words "SSN/TIN" in the signature section on the last page.
- Put the date when the agency has signed the agreement in the line above the word "Date" in the signature section on the last page.
- The Agreement must be signed by: the owner of the agency if it is a sole proprietorship; a partner if the agency is a partnership; or an authorized officer if the agency is a corporation. The authorized signor should put their full name in the line above the words "Printed Name", their title in the line above the word "Title," and then sign above the word "Signature" in the signature section of page on the last page.



Instructions for Completing & Submitting the UnitedHealthcare Request for Appointment of Insurance Producer Form

UnitedHealthcare (UHC) requires that the Request for Appointment of Insurance Producer Form (RFA) be completed by all producers (individuals and business entities) seeking to sell UHC products. **Agencies must have at least one writing agent appointed in each state in which the agency conducts business.** This form must be completed for the following categories of producers:

- √ Individual producer who has never been appointed by UHC
- √ Current UHC appointed individual producer whose personal information has changed
- √ Agency that has never been appointed by UHC
- √ Current UHC appointed agency that adds individual producers who are not appointed by UHC

Entering Information on the Form

Please complete Sections 1 through 5 of the RFA as instructed below and on the next page.

Section 1:

Individual producers must enter demographic information in this section.

Data Item	Instructions
Producer Name	This is the name that is registered with the IRS for the SSN under which you are applying for appointment: <ul style="list-style-type: none"> • Indicate Mr., Ms., or Mrs. • Enter Last Name, First Name, and Middle Name (if any) • Enter professional designation (if any)—E.g., “CLU”
SSN	Social Security Number
Data of Birth	Date of Birth (dd/mm/yyyy)
Suffix	Indicate if you use Jr., Sr., II, III, or another suffix to your name
Phone #	Use your preferred telephone number where you can be contacted if additional information is needed to complete your appointment request. Include an extension if applicable.
Fax #	Fax #
Email	Email address where you can be reached if additional information is needed to complete your appointment request.
Mailing Address	This is the address where you want to receive information from UHC, including appointment updates and commissions. P.O. boxes are allowed. “In care of” name is optional. If you use a private mailbox, please include the street address of the mail facility that you use before the private mail box number.
Residence Address	Home address. Please use your actual street address and NOT a post office box.

Section 2:

Agency information must be completed if you are an individual working for an agency or an agency seeking UHC appointment. If you are assigning commissions to an agency or individual other than yourself, you must also complete and submit the *Compensation Assignment Form*.

Data Item	Instructions
Producer Name	This is the business entity name that is registered with the IRS for the TIN under which the agency is applying for appointment. A "Doing Business As" name may also be entered on this line.
TIN	Tax Identification Number
Taxpayer Type	Indicate whether the business is a Corporation (Corp), Sole Proprietor (Sole Prop.), Limited Liability Corporation (LLC), Limited Liability Partnership (LLP), or other entity.
Phone #	Use your preferred agency telephone number where you can be contacted if additional information is requested to complete your appointment request. Include an extension if applicable.
Fax #	Fax #
Mailing Address	This is the address where the agency wants to receive information from UHC, including appointment updates and commissions. "In care of" name is optional. If you use a private mailbox, please include the street address of the mail facility that you use before the private mail box number.
Business Address	This is the address for the business entity where the office is located.
Licensing/Commissions Contact Name (Optional)	This is a contact at your agency who UHC may contact if additional agency information is needed
Phone #	This is the phone number for the contact. Include an extension if applicable.
Fax #	This is the fax number for the contact.
Email	This is the email address for the contact.
Commission Assignment Question	Check whether the producer plans to assign commissions to an agency or another individual. If Yes, a <i>Compensation Assignment Form</i> must be completed in order to assign commissions to an entity other than you.

Section 3

All producers (individuals and business entities) must answer the questions in this section. Check Yes or No as appropriate. If you answer Yes to any question, please provide an explanation on a separate piece of paper when you submit the RFA.

Section 4

All producers must read the statement in this section, date, and sign. If signing on behalf of an agency, please indicate your title.

Section 5

All producers seeking UHC appointment must provide information about their Life, Accident & Health license (or equivalent) in this section.

#	Data Item	Instructions
1	<ul style="list-style-type: none"> Resident insurance license state License # 	<ul style="list-style-type: none"> You must have at least an Accident & Health or Life, Accident, & Health license when seeking a UHC appointment State in which you hold your resident license License number for your resident state license
2	Lines of Authority	Types of products for which you are licensed to sell—check all that apply.
3	States in which you wish to be appointed	<ul style="list-style-type: none"> List all states for which you are seeking a UHC appointment (list individual and agency licenses separately) Include the license # for each state and attach a copy of each license Include the License Effective and License Expiration Dates (include the latter only if it is printed on your license) If you have more licenses than the form allows, attach a separate sheet of paper with the additional information
4	Florida Business for Non-Residents	If you are not a Florida non-resident agent but physically enter the state of Florida to sell a UHC product, you must complete the Florida Non-Resident County Appointment Form order to be appointed in each county.
5	Products to be sold	Check if you are seeking to sell standard and/or specialty products
6	Special circumstances	<p>Describe any special circumstances that might affect processing of the appointment.</p> <p>Please indicate if you are applying for an appointment to support your initial license application as required by special circumstances in some states. You must attach a completed license application with the RFA. Please verify the information on the license application form. The producer is responsible for the license application fee.</p>

Instructions for Completing the Compensation Assignment Form

Each insurance producer acting in the capacity of a Writing Agent (an individual who actually performs the activities related to the solicitation and sale of the insurance product) has the right to assign payments (all types—commissions and bonuses) of earned compensation to another licensed and appointed agent or agency. The agent or agency receiving the commissions is designated as the “Agent of Record” or “Payee” for the case. To assign commissions to an agency or another individual, the Compensation Assignment Form must be completed.

Important!!!

Assignments are irrevocable. Writing Agents are cautioned that once business is assigned to another agent or an agency, only the Assignee, a.k.a. Payee, can change the assignment at a later date. Both Writing Agent and Payee must be licensed and appointed (as appropriate) to receive the compensation on business for which the assignment applies.

Completing the Form

The Compensation Assignment Form is a fillable form. You may complete the form while it is displayed on your computer. When the form is complete, save it to your computer, print and sign, and forward to your sales office contact with the appointment package or send the form directly to UHC Producer Credentialing.

Section 1: Assignor Information

Please provide information about the producer who will be assigning commissions to another entity:

- Name of the writing agent who assigns prospective commissions **or** name of existing payee who wishes to change the assignment
- Social Security Number or Tax Identification Number
- UHC Producer ID or Payee Code (if known) if an existing payee is changing the assignment
- Telephone: Please provide your preferred telephone number if additional information is needed to process the compensation assignment
- Mailing Address where information from UHC has been sent

Section 2: Assignee Information

Please provide information about the producer to whom the commissions should be assigned:

- Name of the payee who should receive prospective commissions
- Social Security Number or Tax Identification Number
- UHC Producer ID or Payee Code (if known) if an existing payee is changing the assignment to another existing payee
- Telephone: Please provide your preferred telephone number if additional information is needed to process the compensation assignment
- Mailing Address where information from UHC should be sent

Section 3: Scope of the Assignment

Check whether the assignment affects the entire book of business or specific groups. If the assignment affects only specific groups, list the group numbers and names that should be assigned to the new producer.

Section 4: Timeframe of the Assignment

Identify whether the assignment should occur as of a specific date or the current date. Please note that no retroactive change of assignment is possible if commissions were already paid to a previous Assignee.

Signature Section:

Sign, Date, and include your title (if signing on behalf of a business entity).

Instructions for Completing the Direct Deposit Authorization/Maintenance Form

All newly appointed UnitedHealthcare producers receiving commissions must have their payments electronically deposited into their bank accounts.

Completing the Form

The Direct Deposit Authorization/Maintenance Form is a “fillable” form. You may complete the form while it is displayed on your computer. When you complete the form:

- Save the form. Print and sign the form
- Forward the form to your sales office contact with the appointment package or to UHC Appointment Credentialing at the contact information listed on the Broker Checklist.

Please complete Sections 1 and 2 and sign and date the form. If the form is incomplete, it will be returned to you and may delay your Appointment start date. Please allow 4 weeks for the Direct Deposit to go into effect.

Section 1: Producer Information

Provide the following information for this section:

- **Producer Name:** This is the name of the individual producer or business entity.
- **SSN or Tax ID:** Individuals provide SSN; business entities provide Federal Tax Identification Number.
- **Address:** This is the mailing address where you prefer to receive information.
- **Telephone Number:** This is your preferred telephone number where you may be contacted if additional information is needed regarding the direct deposit request.
- **Email:** Email address where to contact you with any questions (regarding EFT only)

Section 2: Account Information

Important!!!

If you are choosing to deposit your commissions to a checking account, please include a preprinted original voided check, not a checking deposit slip. If you are choosing to deposit to a savings account, include a pre-printed bank verification or savings deposit slip.

Provide the following information for this section:

- Complete all information for each bank account for which the direct deposit will be/has been made:
 - **Type of Request:** Check Add if this is a new direct deposit request
 - **Depository Name Bank** on which account is drawn
 - **Depository Phone Number:** Bank’s phone number
 - **Depository City, State, and Zip:** Bank’s address
 - **Routing/ABA number**—this number is unique to each bank and **MUST** be included. **Please verify the nine-digit Routing/ABA number that is preprinted on your check with your financial institution as the one to be used for direct deposit of your commission funds. DO NOT USE THE ROUTING NUMBER PRINTED ON THE CHECKING DEPOSIT SLIP.**
 - Check whether checking or savings account
 - Enter checking or savings account number
 - You may deposit the full amount into one account or split it into a maximum of two deposits. Check **Full Deposit** for deposit into one account. If depositing into two accounts, complete the information for Account #2 and check **Percent**. Indicate the percentage that should go into each account in **Specify % Amount**. **Total percentage for both accounts must equal 100%.**
- Sign and date the completed form.
- Provide your title if you are representing an agency
- Include the completed form when you return the RFA package for a new producer appointment to your sales office contact or to appointment_credentialing@uhc.com.

Please call Broker Commissions Customer Service at 1-888-641-9147 with any questions regarding this form.