

## **New Producer Licensing & Appointment Checklist**

**Please submit appointment paperwork prior to quoting business to the Producer Credentialing Department to ensure that commissions payments will not be delayed.**

- ☐ **Agent/Agency Agreement**  
Each producer must sign an Agent/Agency Agreement. If an agent works with an agency that is also seeking an UHC appointment, a separate agreement must be completed by the individual agent and an authorized representative for the agency.
- ☐ **Request for Appointment of Insurance Producer Form (RFA)**  
Individual and business entity producers seeking UHC appointment must complete and submit the RFA. Individual information should be entered in Section 1 and Agency information should be entered in Section 2. Check that all information on the form is complete, accurate, and legible.
- ☐ **Florida Non-Resident County Appointment Form**  
Agents who are non-residents of Florida and who physically enter the state of Florida to conduct business must be appointed in each county in which they enter.
- ☐ **Compensation Assignment Form**  
External producers seeking to assign commissions to another individual or business entity must complete and submit the Compensation Assignment Form.
- ☐ **Direct Deposit Authorization/Maintenance Form (Mandatory for All Payees)**  
Commission payments will be electronically deposited in the bank account of the payee's choice. All new payees must complete and submit the Direct Deposit Authorization/Maintenance Form. Payees must also submit a voided check or savings deposit slip that matches the information provided on the Direct Deposit Authorization/Maintenance Form.
- ☐ **License Copies**  
All producers, individuals and agencies, seeking UHC appointment must provide a current copy of their Accident, Life, and Health (or equivalent) license for each state in which they want to sell UHC products.
- ☐ **Signatures**  
Verify that all appropriate forms are signed and dated. Forms that require a signature are the Request for Appointment of Insurance Producer Form (RFA), Compensation Assignment Form, Direct Deposit Authorization/Maintenance Form, and Agent/Agency Agreement

**Submit paperwork to:**

**Fax #: (855) 663-2041**

**Email: [appointment\\_credentialing@uhc.com](mailto:appointment_credentialing@uhc.com)**

**United Healthcare - Producer Credentialing  
400 Capital Blvd., FL 2  
Rocky Hill, CT 06067-3576**

**Appointment information may be faxed, emailed, or mailed.**