Common Insurance Services Agency
14541 Brookhurst St, Suite A7 Lic# 0H94667
Westminster CA. 92683
Tel. (800) 900-8850
Fax. (866) 515-8850

Agent Name: ____________________________
License #: _________________ State: ______
Phone: ___________________________________
Email: ___________________________________

AGENT CONTRACTING CHECKLIST

☐Contact Information

☐Insurance license(s)

☐AHIP Certificate (see instructions if needed)

☐Errors & Emissions Document (see instructions if needed)

☐W-9 Signed (page 1 only)

☐ Independent Producer Agreement

☐ Health Plans Selection

***The preferred method of returning this paperwork is via online submission.**

If you cannot submit online, you may fill out and return this packet via:

Fax: (866) 515-8850

Email: CISA@common-insurance.com

or mail original to

C.I.S.A.
14541 Brookhurst St., Ste. A7
Westminster, CA 92683

If you have questions or need assistance, we are available at (800) 900-8850 or CISA@common-insurance.com.

Common Insurance Services Agency
14541 Brookhurst St, Ste A7, Westminster CA 92683 Tel. (800) 900-8850 Fax. (866) 515-8850

AGENT CONTACT INFORMATION

Today's Date________________

Personal Information

Last Name: ______________________________ First Name: ____________________________ M.I. ______

SSN: __________________________________ Birthdate: ______________________________________

Home Address: ____ Apt# ___________________

City ____ State ________________ Zip ___________

Cell Phone#: ____

Email: ____

Mailing Address (if different from Home address):

____ Apt# ___________________

City ____ State ________________ Zip ___________

License Information

Insurance License #: ____________________________ State: _____________________________________

Issue Date: __________________________________ Expiration Date: ____________________________

National Producer Number (NPN) #: ____

To find your NPN, go to https://pdb.nipr.com/html/PacNpnSearch.html

Driver's License #: _____________________________ State: _____________________________________

E&O Policy #: _______________________________ E&O Carrier: ________________________________

E&O Coverage Amounts ____

E&O Eff. Date: _______________________________ E&O Exp. Date: ____________________________

Bank Information

For direct deposit request, please fill out the Direct Deposit Authorization Form and include a void check

Bank Account Holder: ____

Bank Name: ____

Bank Address ____ Bank Phone# __________________

City ____ State ____________________ Zip ______________

Bank Routing # ______________________________ Bank Account #: ___________________________

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DIRECT DEPOSIT AUTHORIZATION FORM

☐ New ☐ Change ☐ Cancel

(Check one box above and complete the entire form below)

Last Name: ____________________ First Name: ____________________ M.I. ________

Current Address: ____

City ____________________ State ____________________ Zip ____________

Social Security Number: ____

Bank Name: ____ Bank Phone: ____________________

Bank Address: ____

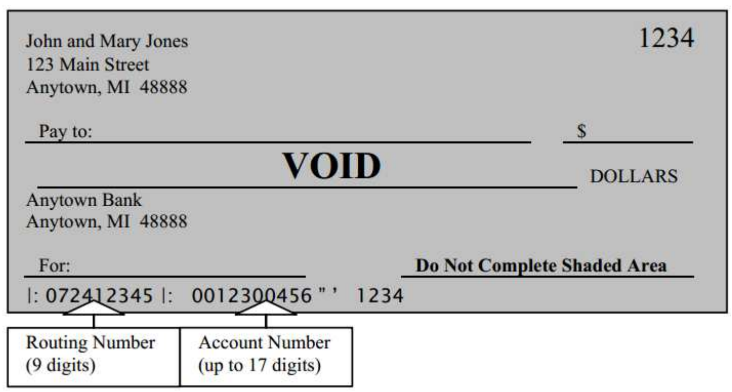
Bank Routing Number: ____

Bank Account Number: ____

Type of Account (must be checked. If left bank will be processed as Checking):

☐ Checking ☐ Savings

For a CHECKING account: Write VOID on an unused check and attach here.
For a SAVINGS account: Contact your bank and obtain written verification of your account and routing numbers. Attach that verification to this form



I authorize Common Insurance Services Agency (CISA) to deposit all commission or payroll payments automatically to the account indicated above and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will remain in effect until cancelled by me with written notification to CISA, or cancelled by the financial institution or CISA, at which time they will notify me by mail at the most current address they have on file for me.

Sign Here: ____ **Date:** ____________________

Mail or fax this form to:
CISA
14541 Brookhurst St, Ste A7
Westminster, CA 92683
Fax: 1-866-515-8850

AHIP CERTIFICATE
Instructions

Most health plans require AHIP Certification before selling their plans.

To get AHIP, follow the instructions below:

- If you don't know your National Producer Number (NPN), you can get it from National Producer Registry or by going to the following webpage https://pdb.nipr.com/html/PacNpnSearch.html
- After you have your NPN number, go to the following webpage www.ahipmedicaretraining.com/clients/blueshieldca
- Click on **"Create a New Account"**
- Create a new account with AHIP using your personal information and your NPN number, take the training, and get the certificate

Note: You pay only $125 instead of $175 if you follow our steps above.

Complete the training and print out your certificate.

Common Insurance Services Agency
14541 Brookhurst St, Ste A7, Westminster CA 92683 Tel. (800) 900-8850 Fax. (866) 515-8850

ERRORS & OMISSIONS INSURANCE
Instructions

As professional insurance agent, you must have Errors & Omissions Insurance coverage for yourself.

E & O insurance protects you against claims made by clients for inadequate work or negligent actions. Errors and omissions insurance often covers both court costs and any settlements up to the amount specified on the insurance contract.

We recommend you acquire your E&O from NAPA by going to the following link
http://www.napa-benefits.org/benefits/napa-direct

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ 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.

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

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

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 ▶**

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt 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,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

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 below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

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.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name/ disregarded entity name” line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the “Business name/ disregarded entity name,” sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt payees 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the “Name” line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

MAC SELECTION RESOURCES, INC.
(DBA. Common Insurance Services Agency)

<u>INDEPENDENT PRODUCER'S AGREEMENT</u>

This Independent Producer's Agreement ("Agreement") is made this ___________, 20__ by and between Mac Selection Resources, Inc. a California corporation. DBA. Common Insurance Services Agency ("General Agent") and _____________________________ ("Producer").

RECITALS

WHEREAS, General Agent desires to engage Producer to solicit applications for Medicare Advantage and Prescription Drug Plans (Plans) as specified in this Agreement; and

WHEREAS, Producer is an independent contractor who desires to solicit individuals for enrollment with Carriers that General Agent represents.

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants and agreements contained herein, the parties agree as follows:

1. <u>Appointment</u>. General Agent hereby appoints Producer to solicit applications for Medicare Advantage and Prescription Drug Plans (Plans) as specified in this Agreement and subject to the terms and conditions herein. The Producer hereby accepts such appointment. The General Agent may appoint other producers on behalf of the General Agent without liability to the Producer. This Agreement is subject to approval by the Plans, as represented by General Agent for whom Producer will solicit applications.

2. <u>General Agent's Duty</u>. General Agent's duty is to pay a commission to the Producer upon procuring applications as specified in this Agreement. In the event the application of a prospect is accepted by the Plans and approved by Centers Medicare and Medicaid Services (CMS) for such coverage, General Agent shall pay Producer the compensation specified in this Agreement. General Agent shall not have an obligation or duty to provide client prospects to Producer.

3. <u>Producer's Duties</u>. The Producer shall:

    A. Prior to the solicitation of applications, successfully complete the certification and sales training course conducted by the Plans or its designee. Producer is also subject to periodic monitoring of their conduct and performance relating to the solicitation of the Plans' products to ensure compliance with Federal and State HMO statutes, Centers Medicare and Medicaid Services (CMS), the Plans and General Agent's standards.

    B. Use best efforts to offer the Plans' products, as represented by General Agent, to individuals within qualified groups or to individuals in a non-discriminating manner per CMS guidelines.

    C. Maintain proper records and accounts of business transacted under this appointment in such manner and form as required by the General Agent and industry practice. Producer shall retain such books and records for at least a period of ten (10) years.

    D. Give prompt and courteous service to the Plans' subscribers solicited by Producer and assist them in realizing the benefits provided by their policies or contracts and make every effort to keep such policies and contracts in force.

E. Promptly forward all applications and transmittals to General Agent.

F. Conform to the rules and regulations of CMS, the Plans and the General Agent including any changes made from time to time. These rules and regulations shall constitute a part of this Agreement.

G. Possess whatever licenses and regulatory approval that is necessary to perform the duties listed herein prior to the performance of said duties.

H. Promptly produce whatever licenses and regulatory compliance as required enabling Producer to perform Producer's duties under this Agreement and to act at all times within the scope of such licenses and regulations.

I. Complete, in a manner satisfactory to the General Agent and the Plans, any training program as may be made available from time to time.

J. Perform all services as listed above and such other services as the General Agent may require in accordance with the General Agent's or the Plans' rules and regulations.

K. Maintain all time Errors and Omissions Insurance (E&O) in the minimum amount of $1 Million / $2 Million, or carrier specified minimum. Whichever is greater. General Agent is not responsible to provide E & O Insurance to the Producer. Failure to maintain the appropriate licenses, E & O insurance will result in commissions either being held or forfeited.

4. Limitation on the Producer's Authority. The Producer has no authority, nor shall Producer represent Producer as having such authority, to do any of the following:

A. Hold Producer out as an employee, partner, joint venture, or associate of the General Agent.

B. Hold Producer as an agent of the Plans as represented by General Agent in any other manner or for any other purpose than as specifically prescribed in this Agreement.

C. Alter, modify, waive, or change any of the terms, rates, or conditions of any policies or contracts or advertisements or other promotional literature of the Plans as represented by the General Agent in any respect.

D. Distribute any Plan circular or promotional literature without the prior written authority of the Plans. Nor shall the Producer write any letters or any publications concerning the Plans without first obtain the written approval of the Plans.

E. Make any misrepresentations or incomplete comparison for the purpose of inducing a policyholder of any company to convert, lapse, forfeit, or surrender such policyholders' insurance therein.

F. Violate any of the State or Federal laws and regulations under which the producer is appointed to act on behalf of the General Agent.

5. Relationship Between Producer and General Agent. The Producer is acting as an independent contractor only, and not as an employee, partner, joint venture, or associate of the General Agent. The Producer may exercise his own judgement as to the time and manner of performance of his services except that the

Producer shall conform to the General Agent's and the Plans' rules and regulations concerning solicitation. The Producer shall pay all expenses including licensing fee and bonding fees in connection with services as a producer and has no authority to incur any indebtedness on behalf of the General Agent.

6. Licensing. The Producer hereby covenants, represents, and agrees that it is licensed to act as a transactor on behalf of the General Agent as required by the state in which the Producer is licensed to do business as a resident agent, broker, or solicitor.

7. Compensation. Producer agrees to accept compensation paid by Plans that application was submitted to and accepted by CMS.

A. Compensation amount is set by Plans and CMS per States where application is submitted and can change from time to time for each year as per Plans and CMS. Compensation will be paid directly from Plans or through General Agent depend on contract between each Plan and Producer

B. The Producer shall have no claim for commissions on any business unless the Producer actually solicited and procured the application and Producer's name appears thereon. In the event that the General Agent's Agreement with the Plan is assigned to a successor General Agent, then upon written consent of the Plan the successor General Agent shall be substituted for and in place of the General Agent under this Agreement and shall assume all liability for payment of the commissions hereunder. Such assumption shall release the General Agent herein from any and all liability therefore. It is agreed that the Producer shall in no event have any claims against the Plans as represented by the General Agent for commissions under this Agreement.

C. It is the intent of this Agreement that the Plans as represented by the General Agent shall pay commissions directly to the General Agent. General Agent is not obligated to pay commissions to the Producer except as specified in this Agreement. General Agent has no obligation to pay commission to Producer if not receive payment from the plan for any application Producer claimed for.

D. The Producer must be qualified all requirements by Federal, States and Plans (properly licensed by the state, authorized by the Plans, and so on) to receive commissions hereunder.

E. The General Agent shall pay any commission accruing under this Agreement five (5) business days following receipt of commissions from health plan.

9. Termination and the Right to Commissions Thereafter. Either party upon at least thirty (30) days written notice may terminate this Agreement without case. If the Producer is an individual, this Agreement shall terminate upon his death or total disability. "Total Disability" shall mean complete and permanent disability as determined by the General Agent in its sole discretion. If this Agreement is terminated without case or by reason of death or total disability, the Producer shall be entitled to commissions only in accordance with Schedule "A" attached and incorporated by reference herein. Cancellation shall become effective upon the mailing of the written notice of cancellation to the other party at the address provided at Article 19 of this Agreement. The General Agent may terminate this Agreement for cause at any time without prior notice if the Producer shall:

A. Violate any provision of this Agreement;

B. Fail to conform to the rules and regulations of the General Agent and the Plans;

C. Lose his or her license to transact business hereunder;

D. Fail to comply with the State or Federal laws or administrative regulations governing Medicare Advantage and Prescription Drug Plan products;

E. Cease soliciting or writing business on behalf of General Agent;

F. Improperly induces or attempts to induce any policyholder of Medicare Advantage or carriers represented by General Agent to discontinue premium payments on his or her policy or to change coverage;

G. Commit any fraud under this Agreement.

If the General Agent terminates this Agreement for cause, no further commission shall be payable to the Producer after such termination except commissions which have accrued and were payable prior to such termination less any outstanding indebtedness to the General Agent.

10. Breach After Termination. The General Agent shall have the right to terminate all future payments of any sort under this Agreement in the event that the Producer or anyone acting on behalf of the Producer commits any of the following acts. This provision shall survive the termination of the other terms and provisions of this Agreement. This provision applies in the event the Producer does any of the following after this Agreement is terminated:

    A. Improperly induces or attempts to induce any Plan' subscribers as represented by the General Agent to cancel their policy.

    B. Induces or attempts to induce after termination of this Agreement any employee of the General Agent to leave its service or to cease soliciting or writing business for the General Agent or to reduce the volume of such business written.

11. No Waiver. The forbearance or neglect of the General Agent to insist upon strict compliance by the Producer with any of the provisions of this Agreement whether continuing or not, shall not be construed as a waiver of any of the General Agent's rights or privileges herein. No waiver of any right or privilege of the General Agent arising from any default or failure of performance by the provider shall affect the General Agent's rights or privileges in the event of a further default or failure of performance.

12. Discretion. Whenever in this Agreement some action, report, or change must be taken or omitted by the Producer if required or deemed necessary by the General Agent, and whenever the General Agent is given the option to require any act or omission by the Producer, or to take or not to take any action on the Producer's part (including the adoption and promulgation of rules and regulations), the General Agent may act in its sole absolute discretion which shall be final and conclusive.

13. Assignment. Neither this agreement nor any of the commissions, reimbursements or benefits under this Agreement may be pledged, assigned, or transferred by Producer either in whole or in part or in any manner without the prior written consent of the General Agent.

14. Entire Agreement. This Agreement constitutes the entire agreement between the parties. Any prior representations, statements, or agreements between the parties are merged in this Agreement. Any representation, warranty, promise, or condition not expressly incorporated shall not be binding upon either party to this Agreement.