



# WISCONSIN AGENT/AGENCY APPLICATION FOR APPOINTMENT HEALTH AND DENTAL

**Application Type:**

- New Agency Appointment
- Add Agent(s) to Existing Agency
- Change/Update Existing Information

RSM \_\_\_\_\_

**Section 1. Agency Information (Please Print)**

**Please state name and address exactly as it appears on file with the IRS**

<b>Full name of Agency</b> Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.		WILLIAM E. SMALLWOOD II		Federal Employer Identification Number (Tax I.D. Number) OR Social Security Number that corresponds to legal number as provided.	
AGENCY PRINCIPAL NAME WILLIAM E. SMALLWOOD II		PLEASE CHECK APPROPRIATE ITEM: <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> CORPORATION		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Please identify)	
BUSINESS MAILING ADDRESS 1827 POWRES FERRY RD. STE. 2-200					
CITY	ATLANTA	STATE	GA	ZIP CODE	30339
PHONE NO.	( 770 ) 226-8560	FAX NO.	( 770 ) 226-8790	E-MAIL ADDRESS	will@aeci.us
PHYSICAL BUSINESS ADDRESS (if different from mailing address) SAME AS ABOVE					
WEBSITE ADDRESS www.aeci.us					

**Section 2. Writing Agent Information**

**Full name of Writing Agent**

Please note that name and Tax I.D. must correspond. Incorrect information may result in a withholding tax of 31% on commissions.

BUSINESS MAILING ADDRESS

Social Security Number that corresponds to legal name as provided.

CITY			STATE		ZIP CODE	
DATE OF BIRTH	PHONE NO.	( ) ( )	FAX NO.	( ) ( )	CELL PHONE NUMBER	
GENDER	E-MAIL ADDRESS					
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE					
PHYSICAL BUSINESS ADDRESS (if different from business mailing address)						
CITY			STATE		ZIP CODE	
RESIDENTIAL MAILING ADDRESS (IF APPLICABLE)						
RESIDENT CITY			STATE		ZIP CODE	
RESIDENT PHONE NO.	( ) ( )	RESIDENT FAX NO.	( ) ( )	ARE YOU A RESIDENT OF THIS STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MAIDEN NAME OR OTHER NAMES USED						

Anthem Blue Cross and Blue Shield is the trade name of, in Wisconsin, Blue Cross and Blue Shield of Wisconsin (BCBSWI) underwrites or administers the PFO and Indemnity policies; Compstate Health Services Insurance Corporation ("Compstate") underwrites or administers the HMO policies; and Compstate and BCBSWI collectively underwrite or administer the POS policies. Life and disability products are underwritten by Anthem Life Insurance Company, independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

**Section 3. Writing Agent Qualifications**

- 1. Have you ever been convicted of a crime or misdemeanor involving dishonesty, fraud, deceit, perjury, misrepresentation, a violation of 18 U.S. C.A. # 1033 or moral turpitude?  Yes  No
- 2. Have you ever been denied or had a license revoked or suspended in any state for the purpose of selling insurance or securities?  Yes  No
- 3. Has any disciplinary action ever been taken against you pertaining to the sale of insurance or securities?  Yes  No
- 4. Have you ever been involved in an investigation with any state insurance department?  Yes  No
- 5. Have you ever had your appointment terminated by another insurance company for any reason other than lack of production?  Yes  No

**If you answered Yes to any question above, please attach an explanation.**

Fair Credit Reporting Act: Public law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information and scope of the report, if one is made, will be provided.

I understand that Anthem Blue Cross and Blue Shield is not and shall not be liable to me nor shall liability to me be implied for any of the obligation owed to me by the agent/agency to which I am appointed. I understand that all commissions are payable to the agency/agent listed above. My compensation and/or reimbursement for expenses, if any, is strictly and solely a matter between the agency/agent listed above and myself; and under no circumstances whatsoever shall I have any claim against Anthem Blue Cross and Blue Shield for compensation, commissions, expenses or any other payment. I agree to be bound by and to abide by the terms and conditions which exist under the agent agreement entered into between the agent/agency to which I am appointed and Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield shall have the right to enforce the agent agreement which exists between the agent/agency and Anthem Blue Cross and Blue Shield as against me directly and may proceed against me directly. I understand that Anthem Blue Cross and Blue Shield reserves the right to terminate my appointment. I agree that this Application for Employment and any subsequent appointment only pertains to the Anthem Blue Cross and Blue Shield company or companies for which the agent/agency to which I am appointed has an Agent Agreement in effect.

I hereby authorize Anthem Blue Cross and Blue Shield and/or its agent to make independent investigation of my background, references, character, past employment, education, criminal or police records including those maintained by both public and private organizations and all public records of the purpose of confirming the information contained on my Application and/or obtaining other information which may be material for my qualification for appointment.

I release Anthem Blue Cross and Blue Shield and/or its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

I, the undersigned applicant, agree to the following:

I, the applicant, acknowledge that I have personally read, understood and completed this application. I agree to all terms and conditions.

I certify that all information that I have provided is true and correct to the best of my knowledge.

If an agency principal is applying, the agency warrants that and certifies that the individual signing on the agency behalf is authorized by the agency to complete and sign this agreement.

This agreement consists of this Agent/Agency Application for Appointment, the attached Terms and Conditions to the Agent Agreement, and attached commission schedule(s).

**Agency Principal Signature:**

WILLIAM E. SMALLWOOD II

Please print name (as it appears on your Department of Insurance License)

**X**

Agency Signature (as it appears on your Department of Insurance License)

Date

**Writing Agent's Signature:**

Please print name (as it appears on your Department of Insurance License) and Title

**X**

Agent/Sub-Agent Signature (as it appears on your Department of Insurance License)

Date