



AHCP
America's Health Care Plan

Discover the
DIFFERENCE
with AHCP



AGENT INFORMATION

Legal Name: _____
Last First MI
Address: _____
Street Address Apartment/ Unit #
City State Zip Code
Home Phone: _____ Business Phone: _____
Email Address: _____
SSN: _____ Tax ID: _____ Date of Birth: _____

UPLINE & COMMISSION

Direct Up-line/ Manager: _____ DP: _____
Commission Level: _____ (Unsure? Contact your up-line)
How did you hear about AHCP?
☐ Online ☐ Job Posting ☐ Drip Marketing ☐ Referral _____
(Name of Referral)
Advance Options: ☐ Earned

APPOINTMENT INSTRUCTIONS

Appointment Checklist for: **Aetna Medicare (ONLINE)**

- ☐ Page 1 AHCP Appointment Coversheet (this page)
- ☐ Page 2 Aetna Certification and Licensing Instructions
Required: Completed online appointment <https://pangea.geninfo.com/Aetna/Apply/>
- ☐ Page 3 Broker Hierarchy Relationship Form
- ☐ Page 4-16 Aetna Producer Certification Portal
- ☐ Page 17 W9
- ☐ Page 18 AHCP Direct Deposit Form (Commissions paid by AHCP)
- ☐ Page 19-22 Agent Signature Pages

Additional Requirements

- ☐ Copy of Licenses
- ☐ Copy of E&O Insurance Certificate
- ☐ Supporting documentation for any "Yes" answers to background questions

RETURN INSTRUCTIONS

Scan Email Option: Send to contracting@ahcpsales.com

Fax Option: 888-781-0586

Mailing Address: 1100 NW Compton Dr. 2nd Floor Beaverton, OR 97006

Aetna Certification and Licensing Instructions

Please complete your certifications first, before any contracting has been completed. You **MUST** be certified and appointed before soliciting any Aetna products.

1. For certification completion, please follow the link listed below:

<https://aetna.cmpsystm.com/ext/ahip/login.php>

2. You will select to Register a new account.
3. When prompted for A-Number or Front Runner NPN, please select to **Proceed Without**.
4. You will then be able to enter your personal information, and then set a password, and select your Partner Agency (up-line).

****Please note, only select to work with Individual Medicare for the selling year.****

Once certification has been completed you will then complete the on-line contracting for Aetna. Please select the contracting link listed below:

<https://pangea.geninfo.com/Aetna/Apply/>

An on-line licensing guide has been provided for you. This is a step-by-step tutorial of your on-line licensing completion.

Please return your **signed Hierarchy Form**, EFT document with copy of void check, as well as the W-9 form to Premier Senior Marketing. Please contact us if you have any questions:

Premier Senior Marketing, Inc.
Phone: 800-365-8208
Fax: 800-696-8312
e-mail: contracting@premiersmi.com

Broker Hierarchy **Relationship Form**

Complete either the FMO or GA sections based on the contract

FMO Name		TIN
GA Name		TIN
Broker Name		NPN
Broker signature		Date
FMO/GA Signature		Date

For internal use only

MCDR Sales Manager/Director:	Date
-------------------------------------	-------------

Not for distribution to Medicare beneficiaries. Producers must be licensed in the applicable state, appointed by Aetna, and certified under the Producer Certificate Program prior to engaging in the sale of Aetna products. Health insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). For more information on Aetna products, refer to www.Aetna.com.



AETNA PRODUCER CERTIFICATION PORTAL

User Guide

AETNA Producer Certification Portal User Guide

Table of Contents

Getting Started: Log In and User Registration	2
Account Features	6
Update Account Information	6
Change Your Password.....	8
View Your Transcript	9
Begin Training	10
Course Navigation	11

Getting Started: Log In and User Registration

All users will begin on the Aetna login page.

If you have been provided a sign in details, please sign in with your username and password. Usernames and passwords are case sensitive.

If you have not been provided sign in details, please click on the Create a New Account button.

The screenshot shows a web browser window with the URL <https://aetna.cmpsystem.com/ext/ahip/login.php>. The page features a header with the Aetna logo and a banner image of three people walking in a park. Below the banner, there is a 'Login' button. The main content area is titled 'Welcome to Aetna's Medicare Producer Certification Training' and includes a paragraph about the requirements for producers. There are two main sections: 'Sign In' and 'Registration'. The 'Sign In' section has fields for 'Username' and 'Password', a 'Login' button, and links for 'Forgot your username?' and 'Forgot your password?'. The 'Registration' section has a 'Create a New Account' button. On the left side, there is a 'Contact Us' section with a phone number and a banner for 'America's Health Insurance Plans Institute 2012' held from June 20-22, 2012, in Salt Lake City, UT. The footer contains copyright information, the text 'Powered by CourseStage from Web Courseworks Ltd.', and a login status message 'You are not logged in. (Login)'.

Contact Aetna
Phone: 888.247.1050

aetna

Login

Contact Us

Difficulty with Your Online Training?
Contact Us: (888)247-1050

Sign In

Username
Password
[Forgot your username?](#)
[Forgot your password?](#)

Registration

New and returning users, click here to proceed.

Copyright © 2012
Powered by CourseStage from Web Courseworks Ltd.
You are not logged in. ([Login](#))

If you clicked on the Create a New Account button and you are an Aetna Internal User, please enter your A-Number. If you do not know your A-Number please contact Aetna's representatives.

If you are a Qualifying Frontrunner, please enter your National Producer number (NPN). If you do not know your NPN, you may look it up on www.nipr.com.

If neither scenario applies to you, please select the option to "Proceed Without."

Contact Aetna
Phone: 888.247.1050

aetna SM

Login

Employee ID Number

Aetna Internal Users: Please Provide Your A-Number. Qualifying Frontrunners: Please Enter Your NPN.

Copyright © 2012 Powered by CourseStage from Web Courseworks Ltd. You are not logged in. (Login)

In Step 1, fill out the required fields in the Confidential Information Section then click Submit.

Contact Aetna
Phone: 888.247.1050

aetna SM

Login

Step 1 of 3

Confidential Information

Please fill out the following required fields:

Last name*
Enter last name on the account

DOB*
Enter date of birth (mm/dd/yyyy)



Last 4 Digits of SSN*
Enter last 4 digits of social security number

There are required fields in this form marked*.

Copyright © 2012 Powered by CourseStage from Web Courseworks Ltd. You are not logged in. (Login)

In Step 2, complete all required fields, if you are an Aetna External user, select your region, partner level and upline partner under the Aetna External Section, then click Register at the bottom of the page.

Contact Aetna
Phone: 888.247.1050

Login

Step 2 of 3

Confidential Information

Please provide information to uniquely identify you for the AHP Medicare Training System.

Last Name:
DOB:
Last 4 Digits of SSN:

National Producer Number

Please provide your National Producer Number (NPN). If you have one, your NPN will serve as your username.

NPN:
Click here to look up NPN on NIPR website.
Confirm NPN:
Verify NPN:

Password

Please provide a password to access the system. The password must have at least 6 characters.

Password:
Enter Password
Confirm password:
Verify Password

Email address

Please provide an email address. This email address will be used for password recovery, system notifications, and as your username should you not have an assigned National Producer Number.

Email address:
Enter email address
Confirm email address:
Verify email address

Personal Information

Name

Prefix:
First name:
Middle name:
Last name:
Suffix:
Designation:

Additional

Information

Company name:
Job title:
Phone number:

Mailing Address

Please provide the mailing address you can be reached at.

Address 1:
Address 2:
City:
State / Territory:
Zip code:
Enter your zip+4 zip code
Country:

Language

Indicate your preferred language for taking courses.

Language: English
Select your preferred language

Aetna (External)

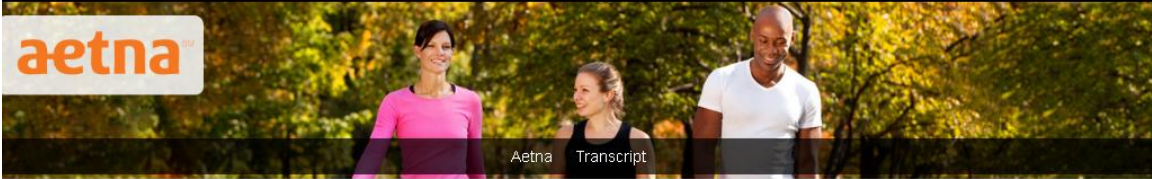

Region: Choose...
Please select your Region
Partner Level: Choose...
How are you affiliated with Aetna?
Upline Partner: Choose...
What Agency do you work under?

There are required fields in this form marked*.

In Step 3, please note your username for future sessions. Then click Continue to Home.

Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
[Profile](#) | [Logout](#)




Aetna Transcript

Step 3 of 3



Your account has been created.

Please note your username below. You will need this information for future logins to the site.

Username: 999998

[Continue to Home](#)

Check the box next to the certification year and certification track on the left to search for available trainings.



Aetna Transcript

Available learning

[Certification](#) Year



☐ 2012
☐ 2013

Certification Track

☐ Individual Medicare
☐ Group Medicare

Please use the selectors on the left [to begin](#) searching for available trainings.

Then click the Place me in the selected learning button.



Aetna Transcript

Available learning

[Certification](#) Year


☒ 2012
☐ 2013

Certification Track

☐ Individual Medicare
☐ Group Medicare

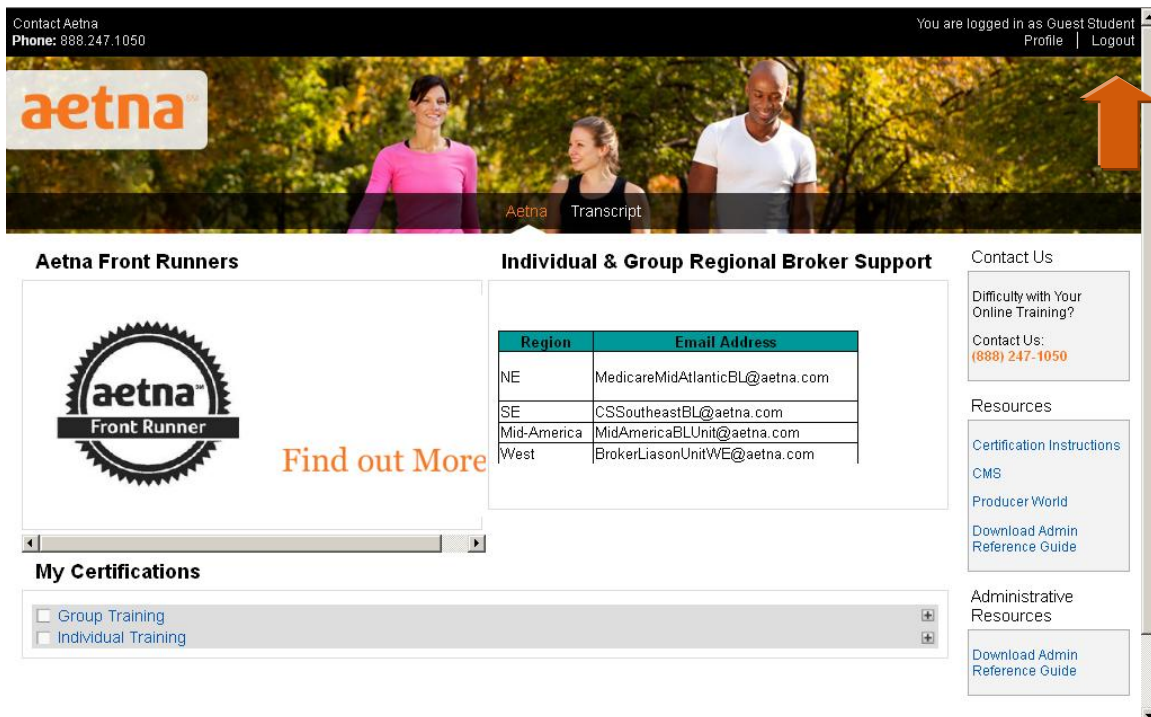
[Select all](#) [Unselect all](#)

Certification Year	Certification Track
<input checked="" type="checkbox"/> 2012	Group Medicare
<input checked="" type="checkbox"/> 2012	Individual Medicare

[Place me in the selected learning](#)

Account Features

Upon logging in, you are taken to the main landing page. You may log out of your account at any time by clicking the logout link.



Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
Profile | Logout

Aetna Front Runners

Individual & Group Regional Broker Support

Region	Email Address
NE	MedicareMidAtlanticBL@aetna.com
SE	CSSoutheastBL@aetna.com
Mid-America	MidAmericaBLUnit@aetna.com
West	BrokerLiasonUnitWE@aetna.com

My Certifications

☐ Group Training

☐ Individual Training

Contact Us

Difficulty with Your Online Training?

Contact Us: (888) 247-1050

Resources

[Certification Instructions](#)

[CMS](#)

[Producer World](#)

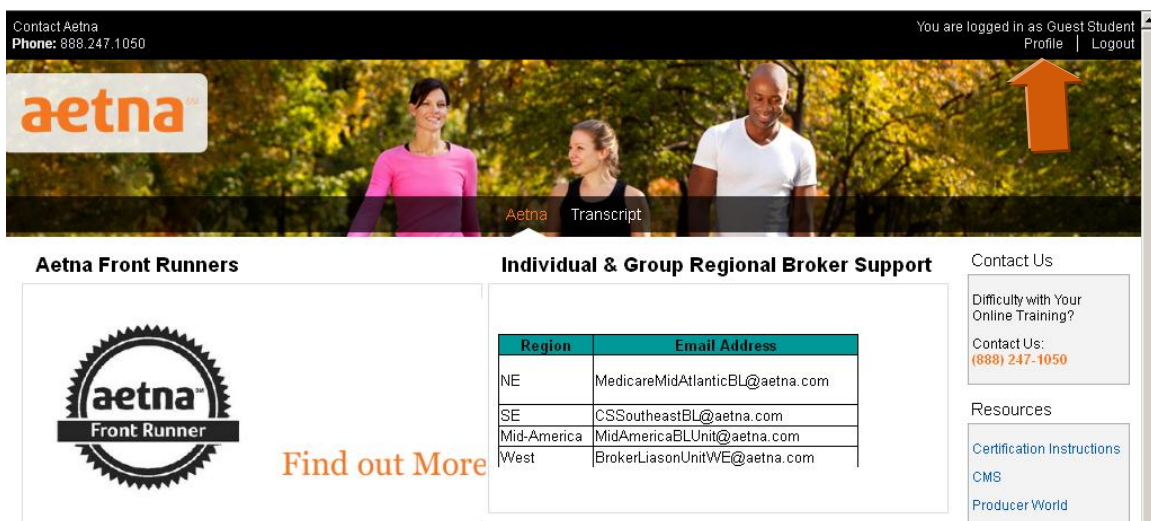
[Download Admin Reference Guide](#)

Administrative Resources

[Download Admin Reference Guide](#)

Update Account Information

To view or edit your profile details, click on the Profile link.



Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
Profile | Logout

Aetna Front Runners

Individual & Group Regional Broker Support

Region	Email Address
NE	MedicareMidAtlanticBL@aetna.com
SE	CSSoutheastBL@aetna.com
Mid-America	MidAmericaBLUnit@aetna.com
West	BrokerLiasonUnitWE@aetna.com

My Certifications

☐ Group Training

☐ Individual Training

Contact Us

Difficulty with Your Online Training?

Contact Us: (888) 247-1050

Resources

[Certification Instructions](#)


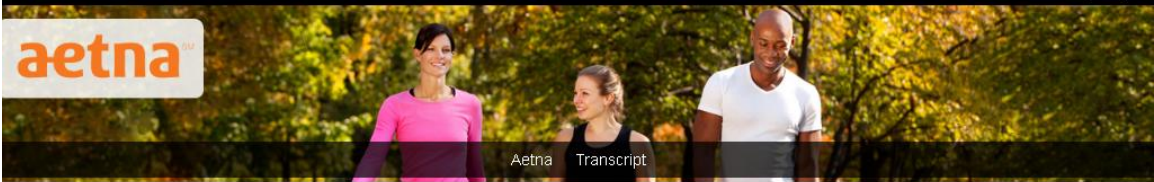
[CMS](#)

[Producer World](#)

Click the Edit profile link to view more detailed profile information.

Contact Aetna
Phone: 888.247.1050


You are logged in as Guest Student
[Profile](#) | [Logout](#)

Aetna
Transcript

Guest Student

[Profile](#)
[Edit profile](#)
[Blog](#)
[Transcript](#)



Country: United States
City/town: Washington

License fields

Site License	Field	User entry
Aetna (External)	Region	National
Aetna (External)	Partner Level	Independent Broker
Aetna (External)	Upline Partner	Independent Broker

Learning plans
[Group Training](#)
[Individual Training](#)

First access: Monday, June 25, 2012, 03:02 PM (47 mins 19 secs)
Last access: Monday, June 25, 2012, 03:36 PM (12 mins 54 secs)


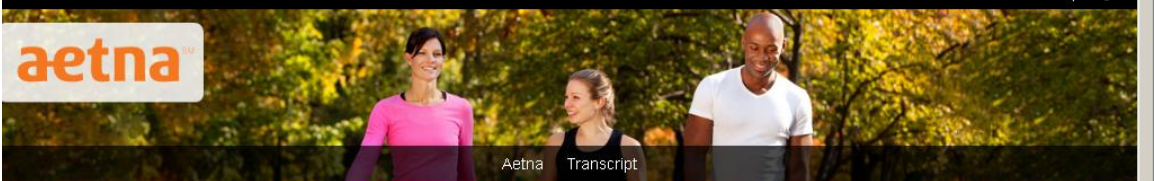
[Change password](#)
[Messages](#)

Copyright © 2012
Powered by CourseStage from Web Courseworks Ltd.
You are logged in as Guest Student ([Logout](#))

From the Edit profile tab you may update your email address, personal information, mailing address, preferred language and additional fields.

Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
[Profile](#) | [Logout](#)

Aetna
Transcript

User Profile

Guest Student

[Profile](#)
[Edit profile](#)
[Blog](#)
[Transcript](#)

Confidential Information

Information to uniquely identify user in the AHIP Medicare Training System.

Last name

DOB

Last 4 Digits of SSN

National Producer Number

Your NPN will be used as your username. If you do not have one your email address will be used as your username.

NPN*

[Click here to look up NPN on NIPR website.](#)


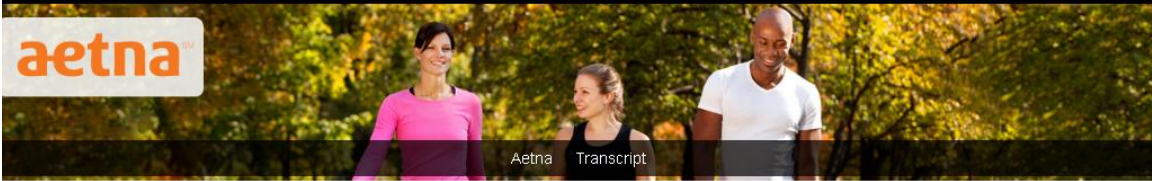
Email

Change Your Password

If you need to change your password, click the Profile link, then click the Change password button.

Contact Aetna
Phone: 888.247.1050


You are logged in as Guest Student
[Profile](#) | [Logout](#)

Aetna Transcript

Guest Student

[Profile](#) | [Edit profile](#) | [Blog](#) | [Transcript](#)




Country: United States
City/town: Washington

License fields	Site License	Field	User entry
	Aetna (External)	Region	National
	Aetna (External)	Partner Level	Independent Broker
	Aetna (External)	Upline Partner	Independent Broker

Learning plans [Group Training](#)
[Individual Training](#)

First access: Monday, June 25, 2012, 03:02 PM (47 mins 19 secs)
Last access: Monday, June 25, 2012, 03:36 PM (12 mins 54 secs)




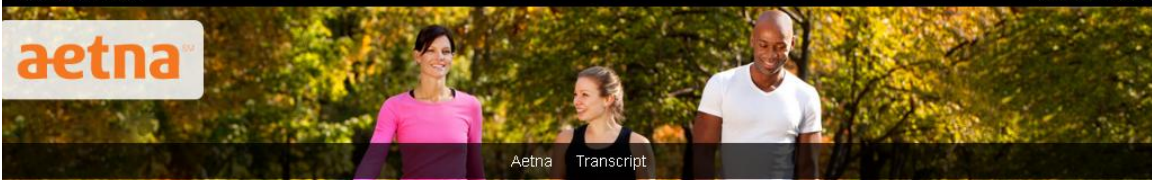
Change password | Messages

Copyright © 2012
Powered by CourseStage from Web Courseworks Ltd.
You are logged in as Guest Student ([Logout](#))

Fill in the required fields and click the Save changes button.

Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
[Profile](#) | [Logout](#)





Aetna Transcript

Change password

Username 999998
The password must have at least 6 characters

Current Password*
New password*
New password (again)*



Save changes | Cancel

There are required fields in this form marked*.


Copyright © 2012
Powered by CourseStage from Web Courseworks Ltd.
You are logged in as Guest Student ([Logout](#))

View Your Transcript

To view your transcript, click on the Transcript link in the black bar that appears on the main landing page and most other pages on the Certification Portal.

Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
[Profile](#) | [Logout](#)




Aetna Transcript

Aetna Front Runners

[Find out More](#)

Individual & Group Regional Broker Support

Region	Email Address
NE	MedicareMidAtlanticBL@aetna.com
SE	CSSoutheastBL@aetna.com
Mid-America	MidAmericaBLUnit@aetna.com
West	BrokerLiasonUnitWE@aetna.com

Contact Us

Difficulty with Your Online Training?

Contact Us: (888) 247-1050


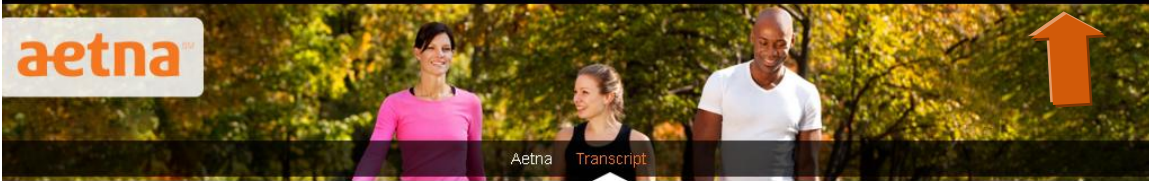
Resources

- [Certification Instructions](#)
- [CMS](#)
- [Producer World](#)

You can also access your transcript by clicking on the profile link on the main landing page, then click on the Transcript link.

Contact Aetna
Phone: 888.247.1050

You are logged in as Guest Student
[Profile](#) | [Logout](#)

Aetna Transcript

Guest Student

[Profile](#) | [Edit profile](#) | [Blog](#) | [Transcript](#)

Name	Attempt	Start	Complete	Duration	Status	Score	Credits	Roles	Delivery method	Certificate	Additional
Group Training 2012 Group Medicare	1	--	--	--	<input type="checkbox"/>	--	--	--	--	--	--
Individual Training 2012 Individual Medicare	1	--	--	--	<input type="checkbox"/>	--	--	--	--	--	--

00s

Showing 2 of 2 total records.
Last updated Monday, June 25, 2012, 03:43 PM.

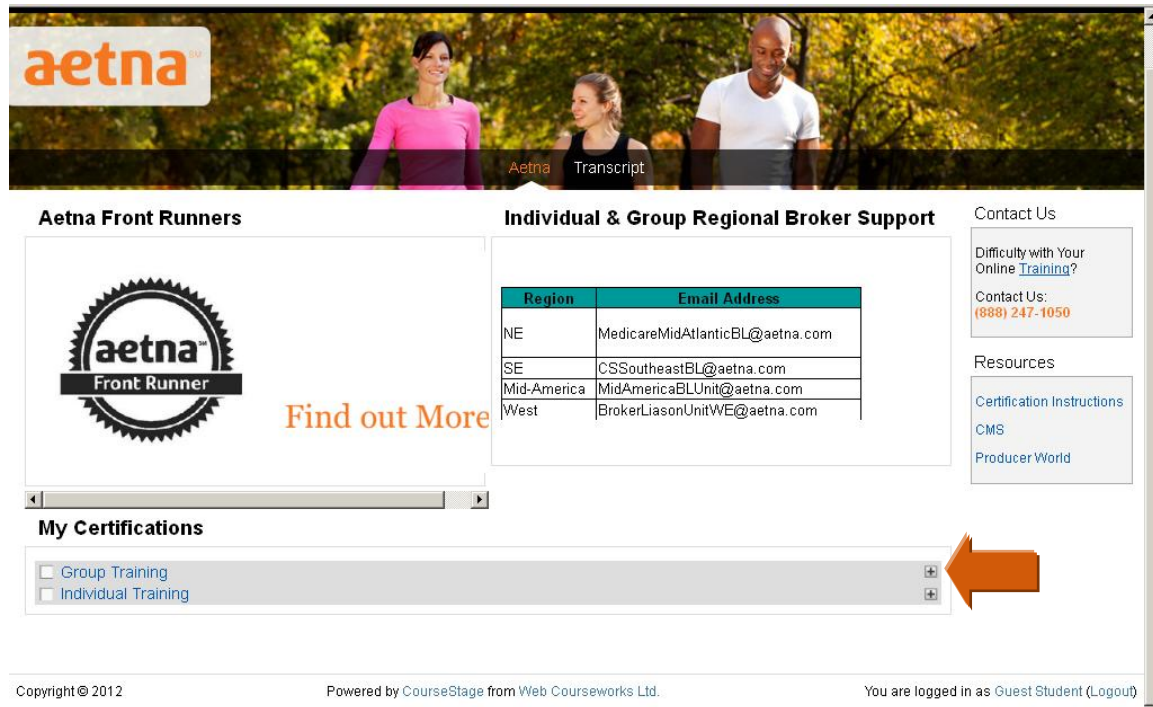
Copyright © 2012

Powered by CourseStage from Web Courseworks Ltd.

You are logged in as Guest Student (Logout)

Begin Training

On the main landing page, the certifications in which you are enrolled are displayed under My Certifications. Click on the plus sign next to a particular certification to see the courses.



Aetna Front Runners

Individual & Group Regional Broker Support

Region	Email Address
NE	MedicareMidAtlanticBL@aetna.com
SE	CSSoutheastBL@aetna.com
Mid-America	MidAmericaBLUnit@aetna.com
West	BrokerLiasonUnitWE@aetna.com

Contact Us

Difficulty with Your Online [Training](#)?

Contact Us: (888) 247-1050

Resources

[Certification Instructions](#)

[CMS](#)

[Producer World](#)

My Certifications

☐ Group Training ☐ Individual Training

Copyright © 2012 Powered by CourseStage from Web Courseworks Ltd. You are logged in as Guest Student (Logout)

Note the Course symbol key to learn more about the status of your courses.

My Certifications


☐ **Group Training**


Learning groups


2012 Group [Medicare](#)

Courses

☐ [Compliance and Fraud, Waste, and Abuse](#)






 Aetna Code of Conduct

 Aetna Medicare Code of Conduct

 Aetna Group Medicare Training

☐ **Individual Training**

Course symbol key

-  Locked (inaccessible)
- ☐ Available, Unstarted
-  In progress
-  Complete passed
-  Complete failed
-  Recommended

Copyright © Powered by CourseStage You are logged in as Guest Student (Logout) from Web Courseworks Ltd.

Course Navigation

Click on the course title to begin.

My Certifications

☐ Group Training

Learning groups
 2012 Group [Medicare](#)

Courses
☐ [Compliance and Fraud, Waste, and Abuse](#)

☐ Aetna Code of Conduct


☐ Aetna Medicare Code of Conduct

☐ Aetna Group Medicare Training

[Course symbol key](#)

☐ Individual Training

Upon clicking on a course link, you will see the course material. Click on the Start the Course button to view the training material



[Aetna](#)
[Transcript](#)
[Course \(FWA11\)](#)

Return to Training Page
[Click here to return to the main training page and proceed to the next available step.](#)

Contact Us
 Difficulty with Your Online Training?
 Contact Us: (888) 247-1050


Resources
[Certification Instructions](#)
[CMS](#)
[Producer World](#)


Aetna Medicare Compliance and Fraud, Waste and Abuse Training

The Centers for Medicare and Medicaid Services (CMS) has outlines rules and regulations that must be followed by everyone who participates in any way with the Medicare program: Medicare beneficiaries, insurance companies, brokers, doctors, healthcare facilities and pharmacies are just a few examples.

Following these rules protects Medicare beneficiaries from harm and helps keep Medicare costs down.

From an Aetna perspective, Aetna can only participate in the Medicare Advantage and Medicare Prescription Drug programs if it follows all the Medicare regulations.





[START THE COURSE.](#)

Legal Disclaimer | © Copyright Aetna 2011

Some courses contain mastery tests. Upon passing the test, you will be able to proceed to the next course in the certification learning plan.

The screenshot displays the Aetna Producer Certification Portal interface. At the top, there is a navigation bar with links for 'Aetna', 'Transcript', and 'Course (FWA11)'. The main content area is titled 'Medicare Fraud, Waste and Abuse Mastery Test' and shows 'Question 1 of 10' with a 'Point Value: 10'. The question asks: 'What is the purpose of the Centers for Medicare and Medicaid Services (CMS)?'. There are four radio button options:

- ☐ CMS administers the prescription drug portion of the federal Medicare program.
- ☐ CMS administers the Medicare Advantage portion of the federal Medicare program.
- ☐ CMS administers the federal Medicare program, comprised of Parts A, B, C and D.
- ☐ CMS administers Parts A, B, C of the federal Medicare program.

 At the bottom of the question box, it says 'Score so far: 0 points out of 0' and there is a 'SUBMIT' button. On the left sidebar, there are sections for 'Return to Training Page' (with a link to return to the main training page), 'Contact Us' (with contact information: (888) 247-1050), and 'Resources' (with links to Certification Instructions, CMS, and Producer World). At the bottom of the sidebar, there is a banner for 'COMING SOON Updated Health Insurance Advanced Studies, Part A' with a 'Learn More' link.

As you complete courses, you will receive green checkmarks.

The screenshot displays the 'My Certifications' section of the Aetna Producer Certification Portal. The section is titled 'My Certifications' and has a sub-header 'Group Training'. Under 'Learning groups', it shows '2012 Group Medicare'. Under 'Courses', there is a list of courses with checkboxes:

- ☒ Compliance and Fraud, Waste, and Abuse
- ☐ Aetna Code of Conduct
- ☐ Aetna Medicare Code of Conduct
- ☐ Aetna Group Medicare Training

 At the bottom right of the course list, there is a link 'Course symbol key'. Below the course list, there is a section for 'Individual Training' with a plus icon. On the left sidebar, there are sections for 'Southeast' (CSSoutheastBL@aetna.com), 'Mid-America' (MidAmericaBLUnit@aetna.com), and 'West' (BrokerLiasonUnitWE@aetna.com). Below these are 'Resources' (Certification Instructions, CMS, Producer World) and a banner for 'COMING SOON Updated Health Insurance Advanced Studies, Part A' with a 'Learn More' link.

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: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> 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:

- 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
- 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
- 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.



Authorization for Automatic Deposit

This form will update account information associated to commissions processed by AHCP.
To update direct deposit information for commissions processed by an insurance carrier you must complete the carriers direct deposit authorization form. Forms are located in the AHCP Forms Library.

Agent or Agency Name	
Social Security Number or Tax ID Number	
Phone Number	Email Address
Please indicate transaction type: <input type="checkbox"/> Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
Please indicate type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Financial Institution:	
Bank—City, State, Phone Number:	
Routing Number:	
Account Number:	

I hereby authorize AHCP to initiate direct deposit of commissions and, if necessary, make corrections for any entries made to my account in error.

Agent Signature _____ **Date** _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK



PRODUCER AGREEMENT

This MARKETING AGREEMENT (“Agreement”) is entered into by and between America’s Health Care/RX Plan AGENCY, Inc., a Delaware Corporation (“AHCP”) and _____, as Agent (“Agent”). The Agreement shall become effective upon Agent’s licensure and appointment.

1. Appointment. AHCP appoints Agent to act as marketer soliciting sales of products offered by and through AHCP and its authorized Carriers. “Carrier” means any insurance company or membership association with whom AHCP has entered into a master marketing agreement.

2. Relationship and Authority. The relationship of Agent to AHCP and scope of authority are set forth in the [Agent Guidelines](#). Agent and Sub-Agents must be properly licensed and approved and appointed by AHCP. “Sub-Agent” means a person or entity that has executed a Producer Agreement with AHCP. Sub-Agents may be solicited by Agent or assigned to Agent by AHCP. Once the Sub-Agent’s paperwork has been submitted and approved by AHCP, the Sub-Agent will be enrolled with all AHCP Carriers under the Agent. A Sub-Agent may not sell products from different AHCP Carriers under different Agents. Agent agrees to comply with the liability insurance requirements set forth in the [Agent Guidelines](#). Agent shall be solely responsible for paying all expenses incurred by Agent in performance of this Agreement, including all license fees, appointment fees, bond fees, and fees and taxes required by any federal, state, or local government. A Sub-Agent may submit a written request to AHCP to be transferred to another Agent if (1) the Sub-Agent has not sold business for at least six-months, and (2) has no outstanding balance with AHCP. If the Agent has sold business, they must obtain a written release from their current Agent. If the Sub-Agent has an outstanding debit balance, the new Agent must agree to assume liability for the balance before the transfer will be approved.

3. Commissions. Subject to all terms of the Agreement, AHCP or its delegate will compensate Agent with the commissions as determined by each Carrier. AHCP does not impose a vesting schedule on Agent. Agent is immediately vested per each Carrier’s requirements. AHCP will use reasonable efforts to provide vesting information from Carriers to Agent. Confirmation of 1st year and renewal percentage shall be made available to Agent upon written request to AHCP. Commissions may be modified by AHCP within ten (10) days notice to Agent as set forth in [Agent Guidelines](#). Commissions paid to Agent will be net of any commissions paid to the Sub-Agent. AHCP reserves the right to approve all commission percentage to Sub-Agents, which approval shall not be unreasonably withheld. No commission shall be deemed earned until the policy or membership agreement is issued, delivered, and accepted by the applicant. Commissions will not be paid until AHCP collects or received payment of its commission.

4. Advance Commissions/Debit Balances. AHCP or Carriers on AHCP’s behalf may, at its discretion, make advances to Agent in anticipation of future commissions subject to the rules set forth in [Agent Guidelines](#). Such advances will create debit balances, which both parties expressly agree are loans from AHCP. In consideration for the advance commissions, Agent agrees to repay to AHCP or their assigns, the debit balances and interest. AHCP reserves the right to charge interest on all debit balances. Agent is financially responsible to AHCP and their assigns, for any and all debit balances due by Agent, any Sub-Agent, or any Sub-Agent from with Agent receives an override. Agent and Sub-Agents shall assume the full and complete advance balance and debit balance of any Sub-Agent. In the event of a transfer of an Agent from one manager to another, debit balance will transfer to the new manager who agrees to assume financial responsibility for repayment. Coincident with that transfer, all rights to any future earned commissions attributable to the account, and tax benefits, will also be transferred to Agent. Agent shall submit to financial audits and will confirm debit balances upon written request from AHCP. **Agent expressly agrees to be bound by all rules and conditions set forth in [Agent Guidelines](#).**

5. Carrier Requirements. Agent will comply with all Carrier requirements, including providing information or executing forms. Failure to comply may result in forfeiture of commissions and appointment by Carrier.

6. Termination. This Agreement may be terminated without cause by either party upon thirty (30) days written notice. AHCP may terminate immediately “for cause” (as defined in [Agent Guidelines](#)) with written notice to Agent. If this Agreement is terminated for cause, then all of Agent’s right to any compensation shall be immediately terminated. Upon termination of this Agreement, AHCP may reassign, solicit, appoint or otherwise work with the Sub-Agents of Agent.

7. Exclusivity. During the term of the Agreement, AHCP should be the primary supplier of all products to be promoted and sold by Agent and Sub-Agents. Agent may be licensed with other insurance companies to sell other product lines. However, Agent may not recruit AHCP Agents to sell product lines of other insurance companies.

8. Premiums. Agent shall immediately remit all premiums collected or received by Agent and its Sub-Agents in accordance with the guidelines of AHCP. Initial premium may be presented with the application to be accepted by AHCP or Carrier.

9. Rolling Business. AHCP acknowledges that Agent must act in the client’s best interest when recommending changes of carriers. However, Agents agrees that the moving of a block of business to another carrier, for the sole purpose of generating or increasing commissions, is not permitted by AHCP.

10. Records. Agent shall keep records and provide reports as set forth in [Agent Guidelines](#). AHCP or Carrier will furnish Agent with a monthly statement of Agent’s account and will pay any amounts due, subject to other provisions of the Agreement. Agent must report any discrepancies and return payment without 30 days or payment will be deemed accepted.

11. Printed Material. AHCP will furnish all printed matter necessary for doing business under the Agreement. Agent and Sub-Agents will not use any materials referring to AHCP or Carriers without first securing written approval. All printed materials furnished are property of AHCP and shall be promptly returned upon request or when Agreement terminates.

12. Refunds and Rejections. Subject to state law, Carrier reserves the right to reject any applications for insurance without specifying cause, and to cancel, refuse to renew, or modify and policy. In such cases, all premiums will be refunded.

13. Discontinuance of Policy Forms. Without incurring any liability, AHCP or Carrier may discontinue, replace, or withdraw any policy. AHCP or Carrier may also determine commissions and renewal commissions on any policy not scheduled herein.

14. Proprietary Information. Agent agrees to fully comply with all requirements set forth in [Agent Guidelines](#).

15. Indemnity. Agent agrees to indemnify AHCP, Carrier, affiliates, shareholders, directors, officers, and employees and to hold them harmless from all expenses, liabilities, cost, causes of action, loss, damage, and expense, including attorney’s fees and costs of litigation, resulting from any breach of the Agreement or unauthorized, negligent or wrongful act, omission, statement, or presentation by Agent, Agent’s employees and Sub-Agents.

16. Assignment. AHCP may assign its rights to a third party. Agent may not, without the express prior written consent of AHCP, assign any of its rights, responsibilities or commissions. AHCP will have a superior, continuing security interest in all commissions prior to the right of any permitted assignee. Any assignment so authorized shall be subject to any and all indebtedness of Agent to AHCP then existing or thereafter accruing.

17. Security Interest. To secure the payment of any indebtedness and performance of Agent of all terms of the Agreement, Agent agrees to assign commissions to AHCP pursuant to the terms set forth in Addendum A.


18. Applicable Law. The Agreement shall be governed by the laws of Texas with exclusive venue in Tarrant County, Texas.

19. Partial Invalidity. If any provision of this Agreement is declared invalid for any reason, the invalidity of that provision shall not affect the validity of any other provision of this Agreement.

20. Entire Agreement. This Agreement, including Addendum A in the [Agent Guidelines](#), constitutes the entire agreement and supersedes and replaces any and all prior written or oral agreement between these parties. This Agreement may not be modified without written consent of both parties and shall be binding upon the successors and heirs of the parties hereto.

Executed as the _____ day of _____ 20_____.

By: _____
Agent's Signature Print Name

By: 
Aaron Goddard, Vice President
America's Health Care/RX Plan Agency, Inc.

ADDENDUM A
ASSIGNMENT OF COMMISSIONS AGREEMENT

AHCP agrees to provide Agents with the following benefits and services:

- Lead Marketing Credits for each issued policy where applicable (varies by product)
- Incentive trip credits
- Free replicated Website
- Training program, web conference, and training materials
- Marketing Materials for proprietary products
- Advances funded by AHCP
- Toll free agent service line
- Weekly newsletter that includes all Carrier updates in one place in addition to important announcements and weekly agent rankings.

In exchange for access to AHCP programs and services, Agent agrees to the assignment to AHCP of all commissions earned, subject to the following terms and conditions:

1. All earned commissions assigned to and received by AHCP are received on the Agent's behalf and will promptly be paid out in its entirety to the Agent pursuant to the commissions structure and advance commission agreement between AHCP and the Agent. All commission payments will be made by AHCP or its delegate.
2. Agent may, upon written notice to AHCP, opt out of receiving any advance commissions. AHCP will pay out to Agent all earned commissions.
3. AHCP reserves the right to modify commission or advance commission agreements to providing 10 days advance written notice to Agent.
4. Agent expressly acknowledges that advance commission from AHCP may result in debit balances being owed by Agent to AHCP. Agent understands that these debit balances are loans which are tied to Agent and must be repaid to AHCP. If AHCP determines that monthly commissions will not satisfy the debit balance within 10 months, AHCP may, upon written notice to Agent, use Agent's commissions from any AHCP Carrier to reduce any debit balances.
5. AHCP may not assign commissions to any unaffiliated party without Agent's express written consent.
6. This assignment only applies to commissions for AHCP business while this agreement is in effect. Subject to use of commission to repay debit balances owed, AHCP shall retain no interest in or control of business sold by Agent. AHCP expressly acknowledges that this agreement in no way changes or affects the Agent's status as "Agent of Record" for any business for which commissions have been assigned to AHCP.
7. This assignment may be revoked by Agent upon 30 days written notice to AHCP and the Carrier. Once revoked, Agent will be entitled to receive commissions from Carriers so long as all debit balances with AHCP have been paid.
8. AHCP does not impose a vesting schedule on Agent. Agent is immediately vested per Carrier's requirements. AHCP will use reasonable efforts to provide vesting information from Carriers to Agent.

Agent Signature

Date