



GENERAL AGENCY / AGENT INFORMATION SHEET

AGENT First Name:

Middle Name/Initial:

Last Name:

GENERAL AGENCY NAME:

ADDRESS (No PO Box Please – Business or Residence only):

City:

State:

Zip:

SHIPPING ADDRESS:

City:

State:

Zip:

PHONE NUMBER:

CELL NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

CA Dept of Insurance LICENSE NUMBER: _____

EXPIRATION DATE: _____

TAX ID NUMBER (SSN/EIN): _____

NOTES/COMMENTS:

For Broker Services ONLY

CareMore Broker Contract submitted to CareMore Broker Services? YES NO

Copy of DOI License obtained? YES NO

Copy of AHIP obtained? YES NO

W-9 Submitted to CareMore Broker Services? YES NO

YES NO

General Agency/FMO Statements of Understanding

My appointment with CareMore will be through:

General Agency Name

- A General Agency ("Agency") or Field Marketing Organization (FMO) contracted with CareMore Health Plan.

Please initial each statement:

_____ I understand that all compensation due to me from CareMore shall be paid directly to the above Agency and the Agency shall subsequently pay me in accordance with CMS guidelines.

_____ I understand that my agreement with the Agency, separate from the CareMore Agent Agreement attached, may include provisions that allow the Agency to withhold my compensation from CareMore to eliminate debts owed to the Agency. Any commission disputes related to withheld compensation by the Agency must be resolved directly with the Agency.

_____ I understand that, while my agreement with the Agency above is still actively in place, I must first obtain a written release of appointment from the Agency prior to contracting directly with CareMore as an independent agent, or to become appointed through a different General Agency/FMO.

CAREMORE AGENT AGREEMENT

This Agent Agreement ("Agreement") is effective as of **October 1, 2011** (the "Effective Date"), by and between CareMore Health Plan, a California corporation ("CareMore" or the "Company"), and _____, an individual ("Agent").
Agent Full Name

A. CareMore is a Medicare Advantage Organization which operates various Medicare Advantage Plans identified below (the "CareMore Plans").

B. CareMore desires to promote the CareMore Plans to eligible Medicare beneficiaries who reside in the CareMore service areas in California and who are interested in enrolling in a CareMore Plan.

C. Agent is an individual licensed as an accident and health agent by the California Department of Insurance.

D. Agent desires to promote the CareMore Plans to eligible Medicare beneficiaries and arrange for the enrollment of such eligible Medicare beneficiaries into a CareMore Plan.

NOW, THEREFORE, in consideration of the mutual covenants in this Agreement, the parties agree as follows:

1. Definitions

- a. **CareMore Plans** are the various Medicare Advantage Plans operated by CareMore.
- b. **CMS** is the Centers for Medicare and Medicaid Services.
- c. **CMS Contracts** are the contracts entered into by CMS and CareMore pursuant to which CareMore offers the CareMore Plans.
- d. **Marketing Guidelines** are CMS' Medicare Marketing Guidelines For Medicare Advantage Plans, Prescription Drug Plans and 1876 Cost Plans and any and all updates, revisions and additions thereto.
- e. **Medicare Laws and Regulations** are (i) the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 ("MMA"); (ii) the Medicare Improvements for Patients and Providers Act of 2008 ("MIPPA"); (iii) Part C and Part D of Title XVIII of the Social Security Act and all rules and regulations related thereto which are adopted by CMS, including those regulations set forth in 42 CFR Part 422 and 42 CFR Part 423; (iv) all administrative guidelines (including Marketing Guidelines), bulletins, manuals, instructions, requirements, policies, standards or directives from time to time adopted or

License Status

Please circle the appropriate answer:

1. Has your license to sell insurance or HMO Products ever been denied, suspended or revoked by any state?

Yes No

2. Have any complaints been filed against you with the State Department of Insurance or any other insurance regulatory board or agency within the last five years?

Yes No

3. Have you ever been denied appointment or renewal appointment by any insurance and/or managed care company?

Yes No

4. Have you ever been party to a lawsuit relating to the insurance or managed care industry?

Yes No

5. Are there any claims or cases presently filed or pending against you?

Yes No

6. Are any legal actions pending against you by any employer, client, former associate, partner, state board of insurance, law enforcement agency or professional group or organization?

Yes No

Note: If you answered "Yes" to any of the above questions, additional information may be requested prior to completing appointment.

I certify that the above statements are true and complete and no misrepresentations are contained with the application or attachments.

Name: _____

Signature: _____

Date: _____

CAREMORE AGENT AGREEMENT

By signing this agreement, I agree that I have read and understand this agreement.

CAREMORE HEALTH PLAN

_____ Agent Name – Please Print Name

By: _____

By: _____
Agent Signature

Name: Dawn Maroney

Title: _____

Title: Chief Sales & Marketing Officer

Phone Number: _____

Date: _____

Taxpayer ID/SSN# _____

License Number: _____

License Expiration Date: _____

Date: _____