

**APPENDIX A – FOR FMO  
GA AND PRODUCER MARKETING AUTHORIZATION AGREEMENT  
MEDICARE PRODUCTS – GROUP AND INDIVIDUAL**

PLEASE PRINT: (ALL INFORMATION IS REQUIRED TO PROCESS PAYMENTS PROPERLY)

GA/PRODUCER NAME	GA/PRODUCER HEALTH NET ID(s) # (if applicable)
GA/PRODUCER STREET ADDRESS	
GA/PRODUCER CITY, STATE	GA/PRODUCER ZIP
GA/PRODUCER EMAIL:	GA/PRODUCER BUSINESS PHONE
GA/PRODUCER STATE INSURANCE LICENSE NUMBER (STATE-LICENSE #):	GA/PRODUCER FTIN/SSN
GA AFFILIATION (IF APPLICABLE):	AUTHORIZATION EFFECTIVE DATE (to be completed by Health Net)

**HEALTH NET, INC.**

Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

FMO [print]: \_\_\_\_\_  
FMO Health Net ID(s): \_\_\_\_\_  
Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By signing this GA and Producer Marketing Authorization Agreement, I acknowledge and agree on behalf of the GA/Producer identified above that:

- (1) Any existing agreement, whether written or oral, between Company and GA/Producer authorizing GA/Producer to market or sell Health Net, Inc. and its affiliates' Medicare products shall terminate effective on the "Authorization Effective Date" set forth above.
- (2) GA/Producer's authority to market and promote Health Net's Medicare products shall be managed and governed in accordance with GA/Producer's relationship with FMO. Company shall not be a party to or otherwise responsible for such relationship, whether or not Health Net issues payment or related tax documents directly to GA/Producer under a split commission arrangement between FMO and Health Net.
- (3) FMO has fully explained to GA/Producer the nature of this GA and Producer Marketing Authorization Agreement, and that until terminated by either Health Net or FMO, Health Net will not be able to contract with GA/Producer directly to market Health Net's Medicare products.
- (4) Although making these acknowledgments, GA/Producer is not a party to this GA and Producer Marketing Authorization Agreement or any other agreement between FMO and Health Net.

**GA/PRODUCER**

Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

