

# Agent Application

## Sutter Health Plus

### Please submit the following with this application:

- Legible copy of Agent's current California Life and Health License
- Sutter Health Plus 'Compliance, Privacy and Fraud, Waste and Abuse' training completion verification
- Signed and dated Agent Agreement\*
- Signed and dated Business Associate Agreement\*
- Proof of Errors and Omissions Insurance Coverage\*
- W9 Form\*



### Email your completed form to:

shpbroker@sutterhealth.org

\* Required for Independent Agents with commissions paid to themselves

## Section A – Applicant Information

### Section A1 – Applicant Type

Agent with commissions paid to the agency

Independent agent or sub-agent with commissions paid to themselves

### Section A2 – Agent Information

Last Name

First Name

MI

Work Phone

Other Phone

Email

Work Address

City

State

ZIP

### Section A3 – Agency Information

Agency Name

Agency Mailing Address

Same as work address

City

State

ZIP

## Section B – Agent License Information

License Type

State of Issue

License #

Issue Date

Expiration Date

Name on License

**Section C – Errors and Omissions Insurance (Required for independent agents)**

**Name of Carrier**

**Expiration Date**

**Specific Amount** (minimum \$1 million)

**Aggregate Amount** (minimum \$1 million)

**Section D – Commissions (Please check one of the boxes and complete the corresponding information below)**

**Commissions Payable to Agency**

**Agency Name**

**Agency Tax ID**

**Agency License #**

**Commissions Payable to Individual Agent**

**Individual Name**

**Social Security #**