



Protect Plans Broker Data Form

FOR MERITAIN HEALTH USE ONLY

Broker # _____

Broker/Agency # _____

Please complete the appropriate information listed below. Compensation cannot be credited until processing is completed.

Include a copy of your current license.

- Resident appointment state _____ Broker application
- Non-resident appointment state _____ Brokerage/agency application

BROKER INFORMATION							
LAST NAME			FIRST NAME				MI
BROKER/AGENCY NAME (IF ANY)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	SOCIAL SECURITY NUMBER		TAX ID NUMBER	
MAILING ADDRESS				SHIPPING ADDRESS <input type="checkbox"/> Residential or <input type="checkbox"/> Business			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
RESIDENCE TELEPHONE	BUSINESS TELEPHONE		BUSINESS FAX		EMAIL ADDRESS		COMMISSION EMAIL

Complete this section if you are assigning your commission to another entity.

Commission check payable to: _____

Federal ID number of the entity receiving the commission: _____

Please submit a copy of the agency license

Signature of broker

Date

NOTICE TO PROPOSED BROKER OF INVESTIGATIVE REPORT UNDER FAIR CREDIT ACT

As a part of our normal brokerage/agency selection process, we may request that an investigative report be made. Such a report will include information as to your character, general reputation, personal characteristics, verification of residence, marital status, estimate of worth and income, occupation, avocations, habits and mode of living. Information is usually obtained from several different sources. Confidential interviews may be conducted with your neighbors, friends, associates or acquaintances. Personal discussions may be arranged with you and your family. Public records may also be retrieved. Upon written request to the marketing department at the insurance carrier noted above, additional detailed information about the nature and scope of this investigation, if any is made, will be provided. Should a report have an adverse effect on our decision to approve a broker's appointment, we will notify you in writing and notify the reporting agency with which you may discuss the matter.