



An Independent Licensee of the Blue Cross and Blue Shield Association

Mail to: Florida Blue CPIM Administrator, DC8-6 4800 Deerwood Campus Parkway Jacksonville, Florida 32246

Request for Appointment Form

To request a new agent or agency set-up, to make changes to an existing agent or agency, or to terminate an active agent or agency, please complete all information below. If more than one agent is being added to an agency, this form must be completed for each new agent. Upon completion please email to ChannelPartnerDataManager@BCBSFSL.com. Please contact the Agent Service Center at (800) 267-3156 with any questions.

Type of Request: <i>(check one)</i>		
<input type="checkbox"/> Add Agent or Agency	<input type="checkbox"/> Update/Change Agent or Agency	<input type="checkbox"/> Terminate Agent or Agency
Type of Agency: <i>(check one)</i>		
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Corporation/Legal Entity	Agent-Only (Designated Producer)
		AOR CODE: _____

Agency Information:

Agency Name		Agency Tax ID (TIN)	
DBA			
Agency Email Address		Agency Phone Number	
Agency Address		Agency Fax Number	
City	County	State	Zip Code

New Agency Questions:

- Are you currently working with a Florida Blue Representative or General Agent? Yes No
 - If yes, with whom are you working? _____
- Do you have a physical office location in Florida? Yes No
- How long has your agency been in business? _____
- How is your Florida business allocated?

a.	Percent of your business that is group health business	_____ %
b.	Percent of your business that is P&C	_____ %
c.	Percent of your business that is financial advice	_____ %

5. Number of Florida group health clients that have 4-50 employees?

- Current number of health contracts for this group size
(where 1 contract = 1 subscriber)

6. Number of Florida group health clients that have 51 or more employees?

- Current number of health contracts for this group size
(where 1 contract = 1 subscriber)

7. Do you have Florida health business with other group health carriers? Yes No

If so, how is this business allocated among the carriers?

- Name of Carrier # of Groups
- Name of Carrier # of Groups
- Name of Carrier # of Groups

8. Do you have a preferred Group Health carrier in Florida? Yes No

If so, who and why?

9. Do you have Florida ancillary business (Group Life, Dental, Disability, Vision and/or Worksite Products) with other group business carriers? Yes No

If so, how is this business allocated among the carriers?

- Name of Carrier # of Groups
- Name of Carrier # of Groups
- Name of Carrier # of Groups

10. Do you have a preferred Ancillary carrier in Florida? Yes No

If so, who and why?

11. What is your agency's 6 - 12 month growth goal for the Florida group health/ancillary market?

12. Do you anticipate writing at least 50 contracts in the group market with Florida Blue in a year (1 contract = 1 subscriber)?

- Yes, I anticipate 50 contracts
- No, I do not anticipate 50 contracts

Important note: If at this time, your agency doesn't have group business in Florida and doesn't anticipate being able to reach a 50 contract minimum with Florida Blue, you may want to reconsider and submit your request for appointment at a future date. I

Agent Information:

Agent Name (Last, First, Middle)			Suffix (Jr., Sr.)
Agent Date of Birth (mm/dd/yyyy)	Agent Social Security Number		Gender M F
Agent Home Address			Home Telephone Number
City	County	State	Zip Code
Agent Email Address (if different than agency email address)			
Are you currently a resident of the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you currently licensed to sell health insurance products in the State of Florida?

Yes No

If Florida Resident, skip to the next field. Non-Resident agents should only list counties when **physically** selling in a county since the State does not charge for each county if policies are sold over the phone, email or web.

County #1 _____ County #2 _____ County #3 _____

License Information:

License Number	Type of License	State

Errors & Omissions (E&O) Insurance

Florida Blue requires each Agent to obtain and maintain a minimum of \$500,000 in specific and \$1,000,000 in aggregate Errors & Omissions (E&O) insurance coverage prior to becoming an appointed BCBSF agent. A copy of the Errors & Omissions declaration page or Certificate of Insurance must be included with this application.

E&O Insurance Carrier	E&O Policy Number	E&O Specific Coverage Amount	E&O Aggregate Coverage Amount
E&O Start Date	E&O End Date		

The following questions are applicable to all Agents, Agencies, Corporations, Partnerships, and other business ventures as well as to each of the partners, members, directors, officers, and agents individually. If any question is answered 'Yes', you must provide a full account of the details on a separate sheet of paper and return to Florida Blue with your application packet and all other required documents.

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been convicted of a crime other than a minor traffic violation (e.g. felony, misdemeanor)?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been fined, reprimanded, sanctioned, or been the subject of a consent decree in any state for a violation of insurance laws, HMO regulations, or other administrative regulations?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been refused license to sell Insurance/HMO products, or has a license to sell Insurance/HMO products ever been suspended or revoked by any state?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever been employed by an Insurance/HMO company, or another organization providing for or assisting with the administration of health care or other employee benefits, where the employment contract was terminated or non-renewed because of allegations of wrongdoing?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever surrendered any insurance or HMO license, whether voluntary or involuntary?

Yes No

Have you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) ever declared bankruptcy, had a lien placed against you or your company, been a judgment debtor, or had other problems with your (or your company's) credit history?

Yes No

Are you (or the partners, members, directors, officers, or agents of this company/corporation/partnership) currently named party in any lawsuit?

Yes No

Have you ever been short in accounts with any employer?

Yes No

Has an application for bond ever been declined to you?

Yes No

To better service our market, Florida Blue would like to know any language(s) our sales partners are capable of speaking and are willing to speak in their job. Additionally, we'd like to know our sales partners' ethnicity.

Primary Language(s) Spoken (optional):	Are you willing to use this language in your job? (Check all that apply)
<input type="checkbox"/> English	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Spanish	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Creole	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Russian	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (please specify):	
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prefer to not Identify	

Ethnicity (optional): (Check all that apply)
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Caribbean Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American
<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Prefer to not Identify

Florida Blue will be obtaining a complete list of companies with which you hold a current agent appointment as listed on the State of Florida Office of Insurance Regulation (OIR) website.

I certify that I have read and understand the items on this form and that the answers to the above questions are true and complete to the best of my knowledge. If accepted, I agree to comply with all the regulations of Florida Blue and the State of Florida Office of Insurance Regulations (OIR). I understand and agree that I am not permitted to solicit insurance until I have received my license from the OIR.

NOTICE: "The Fair Credit Reporting Act" requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application for sponsorship for license which will provide applicable information regarding your health, past history, character, general reputation, personal characteristics and mode of living. The information obtained in such an inquiry may be released to any third party, including State and Federal regulatory bodies. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

In signing this application for appointment, I certify that I have not been convicted of any criminal felony involving dishonesty, breach of trust, or been convicted of an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. Furthermore, I agree to immediately inform Florida Blue of any conviction of the types described in the preceding sentence.

Signature of Agent (Applicant): _____ Date: _____

Signature of Agency Representative: _____ Date: _____

For Internal Use Only

Appointment Application:

Approved

Not Approved

Application Incomplete

Application Submission Received From:

Agent/Broker

Agency/CGA

CHCS/FCL

Internal BCBSF

BCBSF ID Assigned:

Agent ID/Row ID Assigned:

Agent Code Assigned:

Agent Code Effective Date:

BACKGROUND CHECK CONSENT

NOTICE: “The Fair Credit Reporting Act” requires Blue Cross and Blue Shield of Florida (Florida Blue) to advise you that a routine inquiry may be made during our initial or subsequent processing of your application, which will provide applicable information regarding your character, reputation, personal characteristics, health, mode of living, past history, employment record, education, qualifications, criminal record, driving record, credentials, credit standing, credit history and/or indebtedness.

The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment, personal and professional reference checks, licensing and certification checks, investigative reports, etc. The information will be obtained from private and/or public record sources, including sources identified by you in your application or otherwise disclosed by you, your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or acquaintances, or various Federal, State, or Local agencies, and may involve personal interviews with such sources. The information obtained in such an inquiry may be released to any third party, including State, Federal and local regulatory bodies. Upon your written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

By signing this acknowledgment and consent in conjunction with your application for appointment, you fully authorize and permit Florida Blue to obtain such consumer reports, credit reports, investigative consumer reports and other background information at any time after execution. You hereby authorize without reservation, any party or agency contacted by Florida Blue, and the consumer reporting agency acting on behalf of Florida Blue, to furnish the above mentioned information to Florida Blue, or any other agents, affiliates, or designated representatives. You agree that a fax, photocopy or electronic copy of this acknowledgment and consent with your physical, digital or electronic signature shall be accepted with the same authority as the original.

Signature of Applicant: _____

Date:

Applicants from California, Minnesota, and Oklahoma **ONLY!**

Check this box if you would like a copy of the report emailed to you

Background check is being processed by:
HireRight
3349 Michelson Dr. Suite 150
Irvine, CA 92612
Phone: 866-521-6995
Fax: 877-797-3442
customerservice@hireright.com