

Anthem Contracting Information Summary

Date _____
Agent Full Name _____ SS # _____ DOB _____
Resident Address _____ County _____
Business Address _____ County _____
Phone _____ Fax _____
Email _____
Agency Name _____ TIN _____
Do you have an existing account on "nomoreforms" ? ____ Yes ____ No
(If yes, need your user/pw) (If No, we'll register you)
Commissions Paid to Agency ____ Yes ____ No

Documents Needed

- 1) EFT Form
- 2) Copy of E&O insurance
- 3) W-9 Form

Security Questions:

In what City did you meet your spouse or significant other _____
In What city does your nearest sibling live _____
What is your favorite sports team _____
Resident OH License Number _____ NPN Number _____

We will schedule a 10 minute call verify attestation of Anthem Contract Disclaimers. NUB/Anthem will be paying your Ohio licensing fees.

I Authorize National United Brokers to complete my nomoreforms application to request licenses with Anthem Blue Cross Companies

Name _____ Signature _____

Have you ever legally used a different first and/or last name? yes no

Have you lived anywhere other than your current legal residence in the last two (2) years?
 yes no

Have you been employed anywhere other than with your current employer in the last two (2) years? yes no

Have you ever had an insurance license or appointment, or a securities registration, or an application for such, denied, suspended, canceled or revoked? yes no

Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? yes no

Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you? yes no

Have you ever been subjected to an insurance or investment related, consumer initiated complaint or proceeding? yes no

Has a bonding or surety company denied, ever paid out on, or revoked a bond for you? yes no

Has an E&O carrier ever denied claims, paid claims, or canceled your coverage? yes no

Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? yes no

Are there any unsatisfied judgments, garnishments, or liens against you? yes no

Are you in debt to any insurance company? yes no

Have you ever been indicted for, convicted of, or pled guilty or nolo contendere to any felony or misdemeanor other than a minor traffic offense? yes no

Are you currently party to any litigation or the subject of any investigations? yes no

Has any employer, insurance company, or securities, broker-dealer ever terminated your employment or contract, or permitted you to resign for any other reason than lack of sales?
 yes no

Signature _____ Date _____

National United Brokers, Inc

4161 Execulve Parkway
Suite 210
Westerville, Ohio 43081
(614) 890-7373



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **National United Brokers, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **National United Brokers, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **National United Brokers, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **National United Brokers, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Commission Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

SSN/EIN _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to Shelly Beckman at shelly@nubgroup.com or fax to 614-890-0671

The Commission Detail Report will be emailed to you. Please supply the Name and Email address of the Person you wish to receive it.

Email to _____

Email Address _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.