



| The Purpose of this Agent of Record Form is: | Checklist – Items to return with this form: |
|---|---|
| <input type="checkbox"/> New Group enrollment (Group name: _____) | <input type="checkbox"/> Agent of Record Form |
| <input type="checkbox"/> Broker Of Record change (Letter from Group required) | <input type="checkbox"/> W-9 for Agent or Agency to be paid |
| <input type="checkbox"/> Book Of Business Transfer (Documentation required) | <input type="checkbox"/> Direct Deposit Form for Agent or Agency to be paid (recommended) |
| <input type="checkbox"/> Update Agent information | <input type="checkbox"/> Copy of License for Agent or Agency to be paid |
| <input type="checkbox"/> Other (Explain) _____ | <input type="checkbox"/> Include all supporting documentation for BOR or BOBT |

| Agent Information | | |
|--|-----------------------------|-----|
| Agent's Full Name (Exact name as on license) | Agency Name (if applicable) | |
| Physical Address | Phone | Fax |
| City, State, Zip code | Email | |

| Assignment of Commission (Choose one option below) | | | |
|--|--|----------------------------------|------------------------|
| Commission paid to Agent | | | |
| <div>OPTION 1</div> | I wish to receive commission via: <input type="checkbox"/> Mail check to address below <input type="checkbox"/> Direct Deposit (form attached) | | |
| | Agent's Name(Exact name as on license) | Agency Tax Identification Number | Agency License Number |
| | Mailing address | Phone | Fax |
| | City, State, Zip code | Email | |
| Commission paid to Agency | | | |
| <div>OPTION 2</div> | I wish to receive commission via: <input type="checkbox"/> Mail check to address below <input type="checkbox"/> Direct Deposit (form attached) | | |
| | Agency's Name (Exact name as on license) | Agent Tax Identification Number | Agent's License Number |
| | Mailing address | Phone | Fax |
| | City, State, Zip code | Email | |

| License Information (License must match Agent or Agency that the commission is being paid to and in the same State as the client is headquartered) | | | | |
|--|----------------|----------------|------------|-----------------|
| License Type | State of Issue | License Number | Issue Date | Expiration Date |

| Commission | | |
|--|------------|------|
| The commission for North Ranch Benefits Trust products (Ameritas, Delta, Humana, and/or Vision Service Plan) is 8% and paid by HealthSmart Benefit Solutions, Inc. | | |
| Signature | Print Name | Date |
| | | |

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|---|
| FOR OFFICE USE: AOR Effective date: _____ Agent/Agency ID Number: _____ |
| Group(s) name and number(s): _____ |
| Group's plan(s): _____ |