

NORTH RANCH BENEFITS TRUST

Agent Agreement



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"/> Broker Of Record change (Letter from Group required) <input type="checkbox"/> Book Of Business Transfer (Documentation required) <input type="checkbox"/> Update Agent information <input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Agent of Record Form <input type="checkbox"/> W-9 for Agent or Agency to be paid <input type="checkbox"/> Direct Deposit Form for Agent or Agency to be paid (recommended) <input type="checkbox"/> Copy of License for Agent or Agency to be paid <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		
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)	Agent Tax Identification Number	Agent License Number
Mailing address	Phone	Fax
City, State, Zip code	Email	

OPTION 1

Commission paid to Agency		
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)	Agency Tax Identification Number	Agency License Number
Mailing address	Phone	Fax
City, State, Zip code	Email	

OPTION 2

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

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