

# North Ranch Benefits Trust

## Agent Agreement



1. THE PURPOSE OF THIS FORM IS:	2. CHECKLIST - ITEMS TO RETURN WITH THIS FORM:
<input checked="" type="checkbox"/> Obtain an Agent Appointment with North Ranch Benefits Trust	<input type="checkbox"/> Voided Check <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"/> Copy of active Errors & Omissions (E&O) declaration page

3. AGENT INFORMATION:		
Agent's Full Name (Exact name as on license):		
Agency Name (if applicable):		
Physical Address :		
City:	State:	Zip:
Phone:	Fax:	
Email:		

4. ASSIGNMENT OF COMMISSION (CHOOSE ONE OPTION BELOW):			
<input type="checkbox"/> <b>OPTION 1 / COMMISSION PAID TO AGENT</b>			
<input type="checkbox"/> I understand that commissions are paid via direct deposit only (Direct Deposit form and voided check attached)			
Agent Name (Exact name as on license):			
Agent Tax ID #:	Agent License #:	Phone:	Fax:
Mailing Address:			
City:	State:	Zip:	
Email:			
<input type="checkbox"/> <b>OPTION 2 / COMMISSION PAID TO AGENCY</b>			
<input type="checkbox"/> I understand that commissions are paid via direct deposit only (Direct Deposit form and voided check attached)			
Agency's Name (Exact name as on license):			
Agency Tax ID #:	Agency License #:	Phone:	Fax:
Mailing Address:			
City:	State:	Zip:	
Email:			

5. 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:	Agency License #:	State of Issue:	Issue Date:

6. COMMISSION:
Commission rates may vary by effective date, see appendix on page 2 for current rates.

**Signature (x):** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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### APPENDIX

Commissions are for plans with effective dates 1/1/2023 through 12/31/2023.

<b>Ameritas*</b>	8%
<b>AlphaUS</b>	10%
<b>Delta Dental CA</b>	8%
<b>Delta Dental CO</b>	10%
<b>Guardian</b>	10%
<b>Humana*</b>	8%
<b>NortonLifeLock*</b>	20%
<b>VSP*</b>	8%

\*For all eligible states where plan is available.