

**SECURITY LIFE APPOINTMENT REQUEST & HPA STATEMENT OF UNDERSTANDING FORM**

**AGENT 12% & 7% renewal years ~ Competitor Smile Dental**

**10% LEVEL ~ Competitor Award Group Dental**

**Please complete both sides of this form accurately and completely. Attach current copy(s) of your license(s), required state forms, and a check for state appointment fee(s).**

Agent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Corporation/Agency Name \_\_\_\_\_ Tax I.D. \_\_\_\_\_

Business Street Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Resident Street Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ Resident Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web page Address \_\_\_\_\_

UPS Delivery Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

If Commissions are to be paid to an Agency or Corporation, and you are not the Owner? Officer, we need the Commissions Assignment Form signed by you. We must also have another Appointment Request Form completed by the Agency Owner / Officer; and copies of their license and the Agency's (if applicable).

1. Lines of Insurance for which you are licensed \_\_\_\_\_ Life \_\_\_\_\_ Accident / Health \_\_\_\_\_ Other \_\_\_\_\_

2. Are you currently appointed with either Security Life or Congress Life? If yes, \_\_\_\_\_ Resident ; or \_\_\_\_\_ Non-Resident

3. List the state(s) in which you are licensed and wish to be appointed: State \_\_\_\_\_ License # \_\_\_\_\_ ;  
State \_\_\_\_\_ License # \_\_\_\_\_ ; State \_\_\_\_\_ License # \_\_\_\_\_

4. In the state(s) you are requesting for appointment. Do you hold a current appointment with another Insurance Company? If yes, please list below:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

5. List the Non Resident license currently held: State \_\_\_\_\_ License # \_\_\_\_\_ ;  
State \_\_\_\_\_ License # \_\_\_\_\_ ; State \_\_\_\_\_ License # \_\_\_\_\_

6. How long have you lived at your present address? \_\_\_\_\_

7. List your resident address(s) from the past five (5) years (city and state only): City \_\_\_\_\_ State \_\_\_\_\_ ;  
City \_\_\_\_\_ State \_\_\_\_\_ ; City \_\_\_\_\_ State \_\_\_\_\_

8. List your **FIVE YEAR EMPLOYMENT HISTORY**; begin with your present employment. If self employed, describe what you do, and give address.  
Dates \_\_\_\_\_ Name of Employer \_\_\_\_\_ City \_\_\_\_\_ Your Position \_\_\_\_\_ Reason You Left \_\_\_\_\_

9. Have you ever had an application for an insurance license declined by any insurance department? \_\_\_\_\_\*

10. Have you ever had an insurance license suspended or revoked by any insurance department or had a complaint issued against you by any insurance department? \_\_\_\_\_\*

11. Is any charge by any state currently pending against you or against the agency or any member of the agency? \_\_\_\_\_\*

12. Have you ever been charged with or convicted of a felony or of any crime involving moral turpitude? \_\_\_\_\_\*

13. Are there any outstanding judgments or liens (including state or federal tax liens) against you? \_\_\_\_\_\*

14. Has your appointment ever been terminated by an insurance company for reasons other than lack of production? \_\_\_\_\_\*

15. Does any insurer, insured, or other person claim any indebtedness of you as a result of any insurance transactions or business? \_\_\_\_\_\*  
**\* If Yes to any questions 9 through 13, enclose complete details on a separate piece of paper.**

**COMMISSION ASSIGNMENT FORM**

**Only complete the following if you want HPA to pay your commissions to a Corporation, Agency or another Agent.**

\_\_\_\_\_ (HPA Code #) \_\_\_\_\_

hereby assign to assignee, \_\_\_\_\_ all of my right, title, and interest in commissions and/or renewals to which I am now entitled or become entitled, under existing contracts and agreements, heretofore entered into by and between myself and Health Plan Administrators, Inc. I hereby authorize and empower Health Plan Administrators Inc., to pay assignee all commissions and renewals now due or which may accrue under said contracts, for a period of one year from this date and thereafter until such time as I terminate this assignment by written notice to Health Plan Administrators, Inc. I agree that such payments of commissions under my contract, the same as if payment was made directly to me. I hereby covenant and agree that I am the absolute and sole owner of said commissions, free from prior assignment or any encumbrance of any kind or character whatsoever, and that I have full right and lawful authority to sell and transfer the same as aforesaid.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Agent's Signature \_\_\_\_\_

**CAUTION:** The person assigning his or her commissions (assignor) will not recover the right to receive any further commissions during the one year period from the date of this assignment unless and until the person to whom such rights are assigned (assignee) releases, in writing, his or her rights to receive such commissions. Please be certain you understand this before signing the form. This instrument may be revoked, in writing, by the Assignor at any time after the one year period.

Address of Assignee \_\_\_\_\_

Tax I.D.# \_\_\_\_\_ Assignee's HPA Code # \_\_\_\_\_

