AGENT APPOINTMENT FORM

To be completed for each producer with an agency:

Agency Information			
Agency Name:			
Agency Address:			
Agency Phone:		Agency Fax:	
Tax Payer ID:		Oregon License Number:	
Primary Contact:		Email:	
Commission Paid to:	☐Producer	☐Agency	
For Communication and Updates			

Producer Information			
Producer Name:		Email:	
Oregon License Number:		Held Since:	
Other states in which producer is licensed:			
Producer is insured under the agency's Errors and Omissions insurance policy?:		☐Yes	☐No
The producer will be:	☐Employee of Agency		☐Subcontractor
The producer is appointed with: (Check all that may apply)	☐Health Net		☐Kaiser ☐Advantage
Comments:			

Please Attach the Following Documents to the Application

- ❖ A copy of the producer's and agency's current Oregon License
- ❖ Proof of the agency's current Errors and Omissions insurance policy
- ❖ A copy of the producer's Oregon State Producer Affiliation form
- ❖ Completed W-9
- ❖ Signed Sub-Agent Agreement
- ❖ AOI Membership Form (If not a member)

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