



HUMANA
one

Humana Contracting

Please complete the following pages and send it back to Visionary Insurance.
Be sure to include:

- Online Contract Request Form
- EFT
- W9

Once completed, please send to Lura @ VIP:

Email to: lura@vipagents.net

OR

Fax to: 610.779.3605

Please contact Lura with any questions at 484.772.4723 or via email lura@vipagents.net

Check out our website www.vipagents.net





Visionary Insurance Partners
VIP Products & Service

Humana Online Contract

For HumanaOne

To begin the online contract for Humana, first you will need to complete this form. Please note, this is for new agents and transferring agents only. If you are currently appointed with either HumanaOne, or any Humana senior products, please let us know as there may be different, or additional paperwork. The information below will give Humana what is needed for the online contract to be sent to you via e-mail.

***The link could take up to a week to be sent**

I want to be appointed with:

HumanaOne Humana Senior Products

Agent Name _____

Name must be exactly as it is on state license

Social Security Number _____

Address _____

Phone Number _____

Resident State _____

E-Mail Address _____

*the e-mail address can not change throughout contract process

AGENT BUSINESS TRANSFERRAL FORM (ABTF)



The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future commissions payable after we have processed this form. You can only name a new Agent/Agency of Record for business that you are the current Agent of Record on.

SECTION 1 - AGENT INFORMATION		
Agent Name (Please print)	SSN	Humana Agent Number/SAN
Business Address (Will only apply to the agent named above)		(Change? <input type="checkbox"/> Yes <input type="checkbox"/> No)
Email (Change? <input type="checkbox"/> Yes <input type="checkbox"/> No)		

SECTION 2: Complete for each applicable type of business
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<p style="text-align: center;">MEDICARE</p> <p><input checked="" type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <p>Stephens-Matthews Marketing, Inc.</p> <p>SSN/TIN</p> <p>Humana Agent Number/SAN</p> <p>1298377</p>	<p style="text-align: center;">INDIVIDUAL MAJOR MEDICAL, SHORT TERM MEDICAL, LIFE, TRADITIONAL PLUS DENTAL</p> <p><input checked="" type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <p>Stephens-Matthews Marketing, Inc.</p> <p>SSN/TIN</p> <p>Humana Agent Number/SAN</p> <p>1298377</p>
<p style="text-align: center;">INDIVIDUAL FINANCIAL PROTECTION PRODUCTS</p> <p><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <p>SSN/TIN</p> <p>Humana Agent Number/SAN</p>	<p style="text-align: center;">STAND ALONE DENTAL & STAND ALONE VISION</p> <p><input checked="" type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <p>Stephens-Matthews Marketing, Inc.</p> <p>SSN/TIN</p> <p>Humana Agent Number/SAN</p> <p>1298377</p>
<p style="text-align: center;">GROUP COMMERCIAL MEDICAL, DENTAL, VISION, LIFE, STD, LTD</p> <p><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <p>SSN/TIN</p> <p>Humana Agent Number/SAN</p>	<p style="text-align: center;">GROUP WORKPLACE VOLUNTARY BENEFITS</p> <p><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <p>SSN/TIN</p> <p>Humana Agent Number/SAN</p>

SECTION 3: SIGNATURE OF AGENT LISTED IN SECTION 1

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. As the current Agent of Record (AOR) I am requesting that the AOR be changed for the type of policies as indicated on this form. The party to receive commissions must have a valid Humana Group Producing Agent or Agency Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Group Producing Agent or Agency Contract. *State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record.* Once completed, please fax this form to Agency Management at (920) 339-2160 or email the completed form to agencymgt@humana.com.

Signature of Agent	Date
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Stephens-Matthews
Marketing, Inc.

STEPHENS-MATTHEWS MARKETING, INC.

■ PO Box 1208 ■ Beverly, OH 45715 ■ Phone: (800) 544-8250 ■ Fax: (888) 984-2614 ■

Return by fax to: 888-984-2614 or email to: Kelly@stephens-matthews.com

Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: _____

Daytime Phone Number: _____

Email Address: _____

Account Type (Please Check One): Checking Account (22) Savings Account (32)

If you are authorizing electronic fund transfer either for the first time or to a different account:

1. For checking account, please void a **pre-printed blank check** and attach here.
2. For savings account, please void a **pre-printed deposit slip** and attach here.

We cannot accept voided checks or deposit slips with a handwritten name and address.

3. Please transfer the numbers at the bottom of the check or deposit slip into the fields below.

Bank Routing Number

Bank Account Number

Authorization

I hereby authorize Stephens-Matthews Marketing, Inc. to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository.

Agent Signature: _____

Please submit an updated authorization any time you change depositories.

**Agents receiving Electronic Funds will receive
commission statements via e-mail only.**

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,