



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



NOTE: Agents will be terminated and marked as ineligible to re-contract on the FIRST OCCURRENCE of an agent selling an On Exchange plan without a license

Humana Online Contract Request

For HumanaOne and/or Senior Products

(THIS IS NOT A CONTRACT)

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 Sunny 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. You can e-mail this form to lura@vipagents.net, or fax it to 610-779-3605.

If you plan to write on the exchange, once you are appointed with Humana, you will need to send your FFM certification information electronically. See the enclosed instructions to do so. If you send your certificate with this form, it will NOT be submitted, you will still need to follow the directions on the form

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

I want to be appointed with: ☐ HumanaOne

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

If you have any questions, contact Lura Bare at 484.772.4723 or email lura@vipagents.net

Appendix

Agent Business Transferal Form (ABTF)

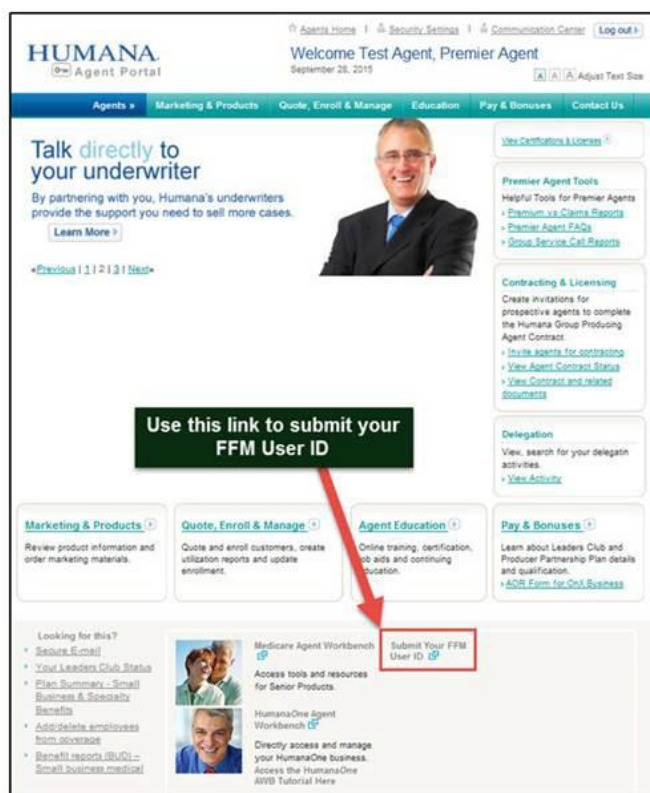
The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future commissions payable after we have processed this form. You can only name a new Agent/Agency 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		
MEDICARE (Valid Medicare amendment required) <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	INDIVIDUAL MAJOR MEDICAL, LIFE, TRADITIONAL PLUS DENTAL <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future	
PAYTO: Agent/Agency Name Stephens-Matthews Mktg	PAYTO: Agent/Agency Name Stephens-Matthews Mktg	
PAYTO: SSN/TIN	PAY TO: SSN/TIN	
PAYTO: Humana Agent Number/SAN 1298377	PAYTO: Humana Agent Number/SAN 1298377	
INDIVIDUAL LIFE & SUPPLEMENTAL PRODUCTS <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	STAND ALONE DENTAL & STAND ALONE VISION <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future	
PAYTO: Agent/Agency Name Stephens-Matthews Mktg	PAYTO: Agent/Agency Name Stephens-Matthews Mktg	
PAY TO: SSN/TIN	PAY TO: SSN/TIN	
PAYTO: Humana Agent Number/SAN 1298377	PAYTO: Humana Agent Number/SAN 1298377	
GROUP COMMERCIAL MEDICAL, DENTAL, VISION, LIFE, STD, LTD <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	GROUP WORKPLACE VOLUNTARY BENEFITS <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future	
PAYTO: Agent/Agency Name	PAYTO: Agent/Agency Name	
PAY TO: SSN/TIN	PAY TO: SSN/TIN	
PAYTO: Humana Agent Number/SAN	PAYTO: Humana Agent Number/SAN	
Section 2- Signature of Agent Listed in Section 1		
<p>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 Producer 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 Producer Contract. <i>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. Assignment of payment is not valid until Humana approves.</i></p>		
Signature of Agent		Date

Agents Must Submit FFM User ID to Access the Federally Facilitated Marketplace (FFM) if Using Humana's Agent Workbench

Changes to Humana's FFM User ID submission process: Beginning with the 2016 FFM plan year, agents planning to sell Humana Individual Major Medical plans on the FFM are no longer required to submit their *FFM Certificate of Completion* or a registration verification form to Humana.

Please submit your FFM User ID: In order to access the FFM through Agent Workbench, agents must submit their FFM User ID on the agent portal by clicking the link seen in the red box to the right. *If an agent already submitted their FFM Certificate of Completion using the old link, they must also submit it using the updated link seen here*



Humana's MarketPoint University contains valuable information and training resources on FFM requirements, Health Care Reform and Humana's Individual Major Medical products. Click the attachment above for instructions on how to access MarketPoint University. As a reminder, agents are encouraged to visit <https://portal.cms.gov/> for information on 2016 FFM plan year CMS registration and training. Agents are also encouraged to visit the CMS [Resources for Agents and Brokers in the Health Insurance Marketplaces](#) page for updated information.

NOTE: This information pertains to agents selling Humana IMM on the FFM. It doesn't apply to off-exchange plans or the Kentucky and Colorado marketplaces.



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/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

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 the "Name" line 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.

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

Social security number

				-								
--	--	--	--	---	--	--	--	--	--	--	--	--

Employer identification number

				-								
--	--	--	--	---	--	--	--	--	--	--	--	--

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 ▶

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.