



Aetna Health Insurance Company
Aetna Health and Life Insurance Company
Aetna Life Insurance Company
American Continental Insurance Company
Continental Life Insurance Company of Brentwood, Tennessee

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Producer Information And Appointment Form (PIF)

from Aetna Health Insurance Company (AHIC),
 Aetna Health and Life Insurance Company (AHLIC),
 Aetna Life Insurance Company (ALIC),
 American Continental Insurance Company (ACI), and
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

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- **Please print clearly** completing all fields using blue or black ink, and **initial any corrections**.
- If completing electronically, fill in all blue highlighted areas. When complete, sign form, and print a copy for your records and submit.

1. Initial appointment

Complete all sections 2 - 9 below.

Your appointment request will be processed for all entities listed above in states where you are appropriately licensed and product is available. You are not authorized to solicit any application on behalf of the company until you receive your welcome letter and producer writing code.



If no sales channel is selected, default selection is individual agent.

Sales channel *Select one*

Telesales Agent (Exclusively direct to consumer phone sales)

Individual Agent (Any agent that is not exclusively direct to consumer phone sales)

2. Individual applicant appointment information

Name *First, Middle, Last, Suffix (As it appears on your Resident License)*

.

Social Security Number (SSN)

National Producer Number (NPN)

.

Date of birth

Gender

.

Female

Male

Residential address *(Not a P.O. Box)*

.

City

State

Zip

.

Business address *(P.O. Box accepted)*

.

City

State

Zip

.

Preferred phone

Secondary phone

Fax

.

Preferred mailing address *Select one*

E-mail address

Residential

Business

.

Previous names *List all other names or aliases you have used in the last 7 years*

.

Attach a separate sheet if more space is required for additional names.

3. Incorporated Entity, Partnership or LLC appointment information



Proceed to Section 4 if you are not Incorporated, a Partnership, or LLC.

Appointment type entity *Select one*

Partnership

LLC

Incorporated Entity

Entity name *As it appears on your Domicile State License*

Tax Identification Number (TIN)

.

Entity address

.

City

State

Zip

.

Entity phone

Entity fax

.

Website address

E-mail address

.

Officer should complete Section 3.

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4. Appointment states requested



Attach applicable licenses for states listed.

Resident license state	Non-resident state(s) where appointment is requested
•	•

Florida appointments: Florida requires non-resident producers physically soliciting business in Florida to hold appointments in each of those counties. Please list the counties here:

•

5. Business practices questions

If completing for an officer and entity/agency, indicate details for yes answers for each as appropriate.

	Individual/Officer	Entity/Agency		
1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
3. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any FELONY offense?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

If you answered yes to question 4, please provide the following in the space given below or include a separate page with this application:

Year of offense(s):

Jurisdiction (county or federal district) where the case(s) took place:

Your name at the time of the offense:

Charges/offenses:

Sentencing and other information:

5. Are you in possession of a valid 1033 waiver from a state DOI or other regulatory authority for any of the above offenses? <i>Please attach/include 1033 waiver if you answered yes.</i>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6. In the last seven years, have you been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any MISDEMEANOR offense other than a minor traffic violation?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
7. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
8. Are there any unsatisfied judgments, garnishments or liens against you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

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6. Disclosure of Intent to Obtain Consumer Reports

Please review and print for your records the Disclosure of Intent to Obtain Consumer Reports.

This is to advise you that Aetna Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of Aetna Inc., or one or more of its affiliates.

If requested, the report may be obtained from the investigative consumer-reporting agency named below or another investigative consumer-reporting agency:

Applicant Insight, Inc.
5652 Meadowlane Street
New Port Richey, FL, 34652
www.applicantinsight.com
800 771.7703

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, we will automatically instruct the consumer reporting agency to send you a copy of the report at no charge.

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

Notice Regarding Credit Freezes: Aetna may require an inquiry into your personal credit history as part of the screening process. If you have exercised your right to freeze your credit profile/report with any of the 3 credit bureaus, Aetna asks that you please contact the applicable bureaus to temporarily remove the freeze for a period of no less than 10 days from the date of the application. Failure to remove the freeze may delay, or ultimately eliminate you from, the onboarding process.

For California, Minnesota and Oklahoma applicants only:

I request to receive a copy of this report.

Yes No

For California Resident Agents Only

Pursuant to the California Investigative Consumer Reporting Agencies Act, Aetna Inc. is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - 1. In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - 2. By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - 3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer-reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

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7. Electronic funds transfer (EFT) *Complete this section to authorize automatic electronic transfer of commission payments*

You must sign on the signature line at the bottom of this page to authorize and receive commission payments via EFT. Sections 2 and 3 must be completed.

If completing this section for an officer and an entity, the EFT authorization will apply to the entity.

You may either attach a voided bank check or complete all information in this section as it appears on your check.

This is an example of a personal check. A business check may be different.

Institution name for deposit

.....

Routing number

.....

Account number

.....

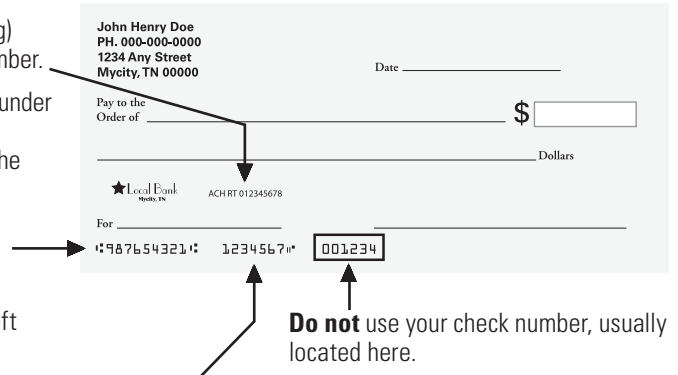
To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the **⦿** symbols, usually at the bottom left corner of the check.

The account number is up to 17 characters long and appears next to the **⦿** symbol at the bottom of the check and usually to the right of the bank routing number.



8. Acknowledgment and signature

The Aetna companies listed at the top of page 1 are referred to as the "the Company," "us," "our" and "we" in this section.

The appointment applicant is referred to as "you" and "your" in this section.

When submitting for an officer and an entity, this acknowledgement applies for both.

By signing below, you

- Acknowledge that you have read, understood and agree to comply with the provisions contained in your agent contract, commission advance addendum, and/or Final expense life insurance commission advance and financing agreement, as applicable, and the **Guide to Ethical Market Conduct** and the **Multipurpose Confidentiality Addendum and Producer Conduct Rule**, all of which may be downloaded and printed at www.aetaseniorproducts.com (Secure Login – Agents) or you may also request a copy by calling 800 264.4000 option 3,5.
- Agree to receive official correspondence including, but not limited to, contracts, contract amendments, commission schedules, bulletins, notices and other Company communications, by email and by posting to the agent web portal at www.aetaseniorproducts.com (Secure Login – Agents). You further agree to notify the Company if you change your email address by emailing the Licensing Department at AETSSICContracting@aetna.com.
- Acknowledge that you have received and read the **Disclosure of Intent to Obtain Consumer Reports** and you consent and authorize Aetna Inc. and its affiliates to obtain additional background information, as we deem necessary, through independent investigation, FINRA CRD reports, from the National Insurance Producer Registry and/or through an investigative consumer reporting agency (consumer reporting agencies including but not limited to those identified in the 'Disclosure of Intent to Obtain Consumer Reports') and other consumer reports (collectively, "background reports").
- Authorize us to share with our affiliates the information contained in this PIF or any other information that we may obtain including background reports for the purposes of establishing your eligibility and/or continuing eligibility for appointment with us and our affiliates as well as you authorize us to share any such information as required by law.
- Authorize your employers and other insurance companies you are or have been appointed with to release to us any and all information that they may have about you, personal or otherwise, and you agree to release all such parties from all liability that may result from furnishing this information to us.
- Understand and agree that your appointment will, in part, be based upon this PIF and the background report information and that any information you provide us that is inaccurate or incomplete shall be grounds for termination of your appointment.
- Certify that you have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. You agree to immediately inform the Company of any arrest of the types described in the preceding sentence.
- If applicable, authorize Aetna or any of its affiliates to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named financial institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have notified you of our intention to terminate your EFT services.

By signing below, you acknowledge that you have personally reviewed the information and answers contained in your completed PIF and you certify under penalty of perjury that the information provided herein is accurate and complete.

You also certify under penalty of perjury that the information provided herein is accurate and complete.

Signature _____ **Title** *Required if signing for an entity* _____ **Date** _____

X

! You must sign here in order for us to process your appointment, and EFT if applicable.

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9. Appointing company and hierarchy information

You may be appointed to sell only those products for which your firm or agency is contracted.

Writing agent name	Phone	Date
.	.	.

This section 9 is completed by

Name	Phone	Date
.	.	.

Level provided applies to all products listed.

Producer's commission

Producer level :

Medicare Supplement


Complementary products

- Hospital Indemnity
- Recovery Care
- Home Care Plus
- Cancer and Heart Attack or Stroke

Final Expense

Please list all members of this Writing Agent's hierarchy beginning with the lowest level.

Producer name or company name	Writing code
Intermediary	.
Intermediary	.
Intermediary	.
Intermediary	.
Intermediary	.
Managing General Agent	.

 To prevent delay, please review the contracting checklist on the next page before submitting all required documents.

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10. Contracting checklist



NOTE: You are not authorized to solicit any application on behalf of the company until you receive your “welcome” letter and company writing code.

To prevent delay, please complete all required documents before submitting.

Complete the following for each agent to be appointed:

FORM	NOTES
<input type="radio"/> Producer Information and Appointment Form	All pages.
<input type="radio"/> Contract	All pages. Please submit Agent Contract if agent is not to be compensated by the company. Please submit General Agent Contract if agent is to be compensated by the company.
<input type="radio"/> Commission Advance Addendum	If applicable; up-line Agent needs to sign as MGA and guarantor. Please indicate number of advance months for each product.
<input type="radio"/> Commission schedule	Not applicable for licensed only agents.
<input type="radio"/> Form W9	Not applicable for licensed only agents.
<input type="radio"/> License copies	For all states in which you are requesting appointment, for both agent and agency if applicable.
<input type="radio"/> Multipurpose Confidentiality Addendum and Producer Conduct Rule	Read and retain for reference.
<input type="radio"/> Guide to Ethical Market Conduct	Read and retain for reference.