

# MedAmerica Simply Business<sup>SM</sup> Application for Employer Program Agent Worksheet

## Employer Information (Required)

Company Name: \_\_\_\_\_

## Agent/Agency Information (Required)

Agent of Record: \_\_\_\_\_ Supervising Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Producer/Agent Writing Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Follow up questions during & after enrollment should be directed to: *(check one)*  Agent  Agency

I will be marketing & soliciting in the following states for this case: \_\_\_\_\_

I am licensed & appointed with MedAmerica in all of the above listed states where employees will be solicited:  Yes  No

If no, list states applicable for enrollment of this group where you are not licensed and/or appointed: \_\_\_\_\_

## Additional Agents Enrolling and/or Splitting Commissions (If applicable)

If additional agents are assisting with the enrollment of this case, please provide the agent's name, writing number and applicable states.

Agent Name: \_\_\_\_\_ Agent Writing #: \_\_\_\_\_ States where agent is enrolling: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Writing #: \_\_\_\_\_ States where agent is enrolling: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Writing #: \_\_\_\_\_ States where agent is enrolling: \_\_\_\_\_

If splitting commissions with additional agents and/or agency, please provide the agent's/agency name, writing number and applicable states.

Agent Name: \_\_\_\_\_ Agent Writing #: \_\_\_\_\_ States where agent is enrolling: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Writing #: \_\_\_\_\_ States where agent is enrolling: \_\_\_\_\_

NOTE: Only appointed agencies/agents may be paid commissions in states where the application is solicited. Appointments will be verified before case approval.

## Agent Projections for Enrollment of Employer Case (Required)

Projected Employee Participation: \_\_\_\_\_ % or \_\_\_\_\_ # of Employees  
Projected Annualized Premium: \_\_\_\_\_  
*(During Initial Open Enrollment)*

## Enrollment Process (Required)

- Web Enrollment  
 Self Enrollment  Agent Assisted Enrollment (Personal consultation by phone or in person)  
 Paper Enrollment

## Policy Delivery (Required — check one)

- Agent  Agency\*  Directly to Insured  Employer\*

\* Policy delivery should be mailed to the attention of: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MedAmerica Approval Section

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Group #: \_\_\_\_\_