

Standard Security Life Insurance Company of New York Appointment Checklist

The following documents must be provided for each carrier appointment:

- Appointment Request form
- Resident agent and/or agency license
- Non resident agent and/or agency license
- Copy of the Declarations Page of current Errors and Omissions Policy

If policy is under the agency, the agent name must appear on the declarations page, or a note on company letterhead listing those covered, must be included.

Completed paperwork should be mailed to:

**Framework Health Plan
Attention: Agent Contracting
11910 Volente Road
Austin, Texas 78726**

(800) 551-3424 or (512) 349-4760 (512) 349-4765 fax
info@frameworkhealthplan.com

Confirmation of appointment will be sent via email.
Please allow approximately 3 – 4 weeks for processing .

REQUISITION FOR AGENT APPOINTMENT

Check Type: Agent _____ Agency _____

IDENTIFICATION (please print or type)

Last Name _____	First Name _____	Middle Name _____	Social Security # _____
Birth Date _____	Place of Birth _____	Age _____	Sex M [] F []

Firm Name (Agency Name Required) _____	Tax I.D. No. _____
---	---------------------------

Business Address: _____

Physical Address _____	City _____	State _____
County _____	Zip Code _____	Telephone No. _____
		Fax No. _____

Resident Address: _____

Physical Address _____	City _____	State _____
County _____	Zip Code _____	Telephone No. _____
		Fax No. _____

Email Address: _____

List the carrier(s) you want to be appointed with:

Standard Security Life Insurance Company of New York	[X]
Madison National Life Insurance Company, Inc.	[]
Independence American Insurance Company	[]

List the state(s) in which you are licensed and want to be appointed in:

State _____	License # _____;	State _____	License # _____;
State _____	License # _____;	State _____	License # _____;
State _____	License # _____;	State _____	License # _____;

Name of Manager/Administrator/General Agent: Fringe Benefit Group

BACKGROUND - Use separate page if needed

1. Do you carry Errors and Omissions Protection? Yes [] No []

Have you ever been:

- (a) convicted of any criminal felony, involving fraud, dishonesty or a breach of trust
- (b) convicted of an offense under the Violent Crime Control and Law Enforcement Act of 1994; or
- (c) subject to disciplinary proceeding of any federal or state regulatory agency?

Yes [] No [] If yes, provide explanation:

2. Are you bonded? Yes [] No []

3. Has an application for bond ever been declined to you? Yes [] No [] If yes, for what reason?
