

BROKER AGREEMENT CHECKLIST

(Fax copies will be accepted - Originals must follow)

Agency:	Health License Number:	Social Security Number or Tax ID:	
Broker Name: Last	First	Middle	Title:
Business Address: Street	City	State	Zip
Business Phone:	Business Fax:	Email:	

- I AM A **NEW BROKER** WITH THE AFFILIATED PHYSICIANS & EMPLOYERS HEALTH PLAN UNDER THE MARKETING NAME MEMBERS HEALTH PLAN NJ.
 (Please submit this form along with the checklist items listed below.)

BROKER AGREEMENT:

- Sign and date

LICENSING:

- Attach a copy of current resident license for Agency and Broker for which appointment is being made

ERRORS & OMISSIONS INSURANCE:

- Attach a copy of Certificate of Coverage (Minimum \$1 million dollars) – *Please note policy must include language that states the policy does not exclude MEWA's, Self-Insured or Stop Loss Plans.*

W-9 FORM:

- Complete, sign and date

- THIS FORM MUST BE COMPLETED FOR EACH BROKER/PRODUCER REQUESTING QUOTES AND SUBMITTING BUSINESS UNDER THIS AGREEMENT.
 ALL REQUIRED DOCUMENTATION MUST BE ATTACHED FOR EACH INDIVIDUAL BROKER/PRODUCER.

SUBMIT TO AFFILIATED PHYSICIANS & EMPLOYERS MASTER TRUST:

Concord Management Resources
Attention: Sales Department
399 Campus Drive, Suite 300
Somerset, NJ 08873
Tel: (833) 639-2669 Fax: (833) 639-2329
Email: mewasales@concordmgt.com