

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 AN **ACTIVE BROKER** WITH THE AFFILIATED PHYSICIANS & EMPLOYERS HEALTH PLAN.
✓ (Please submit this form along with the Broker of Record Letter for each new group sold)
- I AM A **NEW BROKER** WITH THE AFFILIATED PHYSICIANS & EMPLOYERS HEALTH PLAN.
✓ (Please submit this form along with the checklist items listed below.)

BROKER AGREEMENT:

- Sign and date

LICENSING:

- Attach a copy of current resident license

ERRORS & OMISSIONS INSURANCE:

- Attach a copy of Certificate of Coverage (Minimum \$1 million dollars)

W-9 FORM:

- Complete, sign and date (the information on the W9 is where commissions should be paid)

- ✓ 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 MEMBERS HEALTH PLAN NJ:

CONCORD MANAGEMENT RESOURCES
Attention: MEWA SALES
80 COTTONTAIL LANE
SOMERSET, NJ 08873
Tel: 908-293-6085 Fax: 908-293-6099
Email: mewasales@concordmgt.com