

ProMed Blue Diamond

400 Sawgrass Corporate Parkway, Suite # 200, Sunrise Florida 33325
Phone No. 1-877-905-0500

Appointment Application

Agent Information		
Name <input type="text"/>	DOB <input type="text"/>	Social Security No. <input type="text"/>
Residence Address <input type="text"/>		Phone No. <input type="text"/>
Business Address <input type="text"/>		Phone No. <input type="text"/>
E-mail <input type="text"/>		Fax No. <input type="text"/>
Name of Insurance companies you represent: <input type="text"/>		
Has your license ever been suspended or revoked? If yes, please explain <input type="text"/>		
General Agency Name <input type="text"/>	General Agency Code <input type="text"/>	FED. I.D. No. <input type="text"/>
General Agency Phone <input type="text"/>	General Agency Address <input type="text"/>	
Do you wish to assign your commission(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No.		

Assignment of Commission

I authorize ProMed Blue Diamond to pay said commission to: <input type="text"/>	Fed. I.D. No <input type="text"/>		
Payment of all such commission to the assignee, without requiring further authorization or notification. Payment to the assignee shall constitute a full complete discharge to any party liable for the payment of such commissions. Furthermore, I hold ProMed Blue Diamond harmless from any and all claims for commissions which are subject of this authorization. This application and any attachments become part of the Agent's files with ProMed Blue Diamond.			
Date <input type="text"/>	Applicant's Signature <input type="text"/>		
I fully understand that as an "Agent" I am and will be considered an independent contractor. I accept that I am not an employee, agent, or representative of ProMedical Plan PHC, Inc.			
I have been explained in full the coverage of the medical plan offered by ProMedical Plan PHC, Inc. and the services/discounts available under ProMed Blue Diamond. I'm conscious of the terms and conditions of the plans. I therefore, endeavor to provide the best possible and professional advise to the Customer in order to maintain the goodwill of ProMed Blue Diamond.			
Applicant's Signature <input type="text"/>	General Agency Signature <input type="text"/>	MGA Signature <input type="text"/>	Date <input type="text"/>

To be completed by ProMed Blue Diamond

Agent Number

ProMedical Plan PHC, Inc.

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Phone No. 1-877-905-0500

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Applicant's Signature General Agency Signature MGA Signature Date

To be completed by ProMedical Plan PHC, Inc.

Form # 20070103

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number												
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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 **only** if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.