

## **Important Notice Regarding Your Appointment for the Sale of Products Offered by Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central**

Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central are sometimes referred to throughout this Appointment Disclosure Form as the “Appointing Entities.”

- Prior to appointing or reappointing a licensed insurance producer (“producer”), Pennsylvania law requires insurance companies that are authorized to transact business within Pennsylvania to make reasonable inquiry to: (i) determine whether the producer could be disqualified from obtaining a new or renewal producer’s license under applicable Insurance Department regulations; and (ii) verify other information relevant to the producer’s fitness to conduct the business of insurance.
- In addition, under federal law, any person who has been convicted of any criminal felony involving dishonesty or breach of trust is prohibited from engaging in the insurance business without the consent of the Pennsylvania Insurance Commissioner.
- Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central require that each producer read and understand the Capital BlueCross Code of Conduct. The Code of Conduct is available at the Capital BlueCross Web site ([www.capbluecross.com/AboutCBC/CodeofConduct](http://www.capbluecross.com/AboutCBC/CodeofConduct)) or upon request from Capital BlueCross Broker Relations. By accepting your appointment from Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central, you agree to conduct business in accordance with the Code of Conduct and to report any actual or potential conflicts of interest to Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central.
- Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central may share your responses to the attached Appointment Disclosure Form with their vendors for certain ancillary products such as dental, vision, and stop-loss coverage. These vendors may, in turn, rely upon your responses in order to appoint you for the sale of their respective insurance products.

**The Appointing Entities will rely upon your responses to the attached Appointment Disclosure Form when appointing you.**

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### **APPOINTMENT DISCLOSURE FORM CHECKLIST**

- ✓ If you are applying as an individual producer, please complete Form C-7.
- ✓ If you are applying as the “designated licensee” of an insurance agency, please complete Form C-8 and instruct all your licensed producers to complete Form C-7.
- ✓ Have you read the Capital BlueCross Code of Conduct?
- ✓ Have you legibly printed or typed your responses to the Appointment Disclosure Form?
- ✓ Have you attached a copy of your current producer’s license?
- ✓ Have you signed and dated your Appointment Disclosure Form?

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### **APPOINTMENT DISCLOSURE FORM C-7 (INDIVIDUAL)**

1. You are applying for appointment as a:  Standard Agent or  Preferred Agent or  Select Agent
2. Your Full Name: \_\_\_\_\_ If you have used any other name(s) over the past ten years, please identify your other name(s):  
 Prior Name: \_\_\_\_\_
3. Your Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Dates of Use: \_\_\_\_\_ to \_\_\_\_\_
4. Identify the date on which the Pennsylvania Insurance Department most recently issued/renewed your producer's license: \_\_\_\_/\_\_\_\_/\_\_\_\_ **PLEASE ATTACH A COPY OF YOUR CURRENT PRODUCER'S LICENSE.**
5. Your Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
6. Your Business Telephone Number: ( ) \_\_\_\_\_ Your Primary Residence Telephone Number: ( ) \_\_\_\_\_
5. Your Primary Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
8. Your Primary Email Address: \_\_\_\_\_
9. Has your application for a producer's license ("license") been denied, or has an existing license been suspended, revoked, or not renewed by an insurance regulatory entity in any state, territory, or possession of the United States, the District of Columbia, or any Canadian province?  
 No  Yes  If yes, please disclose on a separate sheet the date, location, and reason for the denial, suspension, or revocation.
10. Have you engaged in any conduct which the insurance regulatory entity of any state, territory, or possession of the United States, the District of Columbia, or any Canadian province has determined to be in violation of the applicable insurance law of that jurisdiction, and as a result of that determination you paid a fine, signed a consent decree, or for which you received a warning or a letter of reprimand?  
 No  Yes  If yes, please disclose on a separate sheet the date and nature of the violation and sanction.
11. Have you ever pleaded guilty, entered a no contest plea, or been convicted of **any crime**, including, but not limited to, the following:
- Unlawful advertising of insurance business
  - Unlawful coercion in contracting insurance
  - Furnishing free insurance as an inducement for purchases
  - Unlawful collection practices
  - Embezzlement
  - Obtaining money under false pretenses
  - Conspiracy to defraud
  - Bribery or corrupt influence
  - Perjury or false swearing
  - Unlicensed producer activity
  - Criminal offense involving moral turpitude or harm to another
- No  Yes  If yes, please disclose on a separate sheet the nature of the offense, name and address of the court, date of conviction, or entry of either a guilty plea or a no contest plea, and the sentence imposed. (Do not include traffic violations or citations in your response to this item.) Do not limit your disclosure to the crimes listed above.
12. Have you ever been short on an account with an employer or other party for whom you have held funds?  
 No  Yes  If yes, please explain on a separate sheet.
13. Have you ever had an application for bond denied?  
 No  Yes  If yes, please disclose on a separate sheet the basis for and date of the denial.
14. Professional References: Please identify two individuals who are not related to you who can provide professional references on your behalf. We prefer licensed insurance producers as references, if possible.
- Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone \_\_\_\_\_ Licensed insurance producer  
 Yes  No   
 Address: \_\_\_\_\_ ( )  
 \_\_\_\_\_
- Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone \_\_\_\_\_ Licensed insurance producer  
 Yes  No   
 Address: \_\_\_\_\_ ( )  
 \_\_\_\_\_

**APPOINTMENT DISCLOSURE FORM C-7 (INDIVIDUAL)**

15. Please disclose your employment history for the past **ten** years (Attach separate sheet(s) if necessary):

**Current Employer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (    ) \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: Present

May we contact to verify  
your employment?  
Yes  No

**Prior Employer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (    ) \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: Present

May we contact to verify  
your employment?  
Yes  No

**Prior Employer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (    ) \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: Present

May we contact to verify  
your employment?  
Yes  No

**Prior Employer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: (    ) \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: Present

May we contact to verify  
your employment?  
Yes  No

**REPRESENTATIONS, WARRANTIES AND ACKNOWLEDGMENTS**

- I hereby certify that the foregoing answers and statements are true to the best of my knowledge and belief and that I am acting on my own behalf.
- I acknowledge and affirm that I have a continuing obligation to inform Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central (the "Appointing Entities") if I plead guilty to, enter a no contest plea to, or am convicted of any crime.
- I acknowledge and affirm that I have a continuing obligation to report to the Appointing Entities any conduct, activity or event that occurs subsequent to the date on which I have signed this disclosure form, that would have required disclosure in response to questions 9, 10, and 11.
- I acknowledge and understand that each of the Appointing Entities may conduct a criminal background check and that my appointment may be affected by the information obtained in response to such inquiry, up to and including the termination of my appointment.
- I acknowledge and understand that my answers to the foregoing inquiries may prompt further inquiry by each of the Appointing Entities, to which I agree to provide truthful responses.
- I acknowledge and affirm that I have read the Capital BlueCross Code of Conduct, that I understand it, and that I agree to comply with it.
- I agree to comply with all the regulations of the Appointing Entities and the Pennsylvania Insurance Department. I certify that I am free to contract with the Appointing Entities. I authorize the individuals or companies identified as references or employers in this Appointment Disclosure Form to give to the Appointing Entities any business or personal information concerning me that they may have, and I release said individuals or companies from all liabilities for any damage whatsoever for issuing this information. I understand that my appointment must be processed with the Pennsylvania Insurance Department prior to receiving any commissions.
- I consent to Capital BlueCross, Capital Advantage Insurance Company, and Keystone Health Plan Central sharing copies of this disclosure form with certain vendors of ancillary insurance products to facilitate my appointment for such vendors.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Agent Approval: _____	Signature	_____	Date
Capital BlueCross Approval: _____	Signature	_____	Date