



**Health Insurance Plan of Greater New York, Inc.
Medicare Advantage and Prescription Drug Plan**

APPOINTMENT REQUIREMENTS

Please submit the following items to your Field Marketing Organization as indicated below:

- "Appointment Application" – completed, signed and dated.
- "Agent/Agency Agreement" – completed, signed and dated.*
- Insurance License(s)
 - Resident State License – photocopy
 - Non-Resident License(s) – photocopy for any additional state(s) in which you wish to be appointed (and applicable fees)
- EFT Form with Voided Check (not deposit slip), if requesting commission direct deposit.*
- Proof of Errors & Omissions Coverage.
- W-9 Form – completed and signed.*

** Disregard if applying for appointment as a Licensed Only Solicitor.*

NOTE:

All documentation must be completed **and signed** in order to proceed with the appointment process.

Submit your signed paperwork and all additional requirements to your Field Marketing Organization... not directly to the Company.

RETURN YOUR COMPLETED PAPERWORK TO:

**Genesis Business Capital, Inc.
Denisse Valcarcel
24 South Mortimer Avenue
Elmsford, New York 10523
Tel.914-909-2548**

Or Fax to:

866-548-1152

Health Insurance Plan of Greater New York
Medicare Advantage and Prescription Drug Plan

Name _____ Alias/Other Names _____

Social Security # _____ Tax ID _____

Corporation Name _____ Appointment Type ___ Individual ___ Corporation

Date of Birth _____ Mailing Preference ___ Home ___ Business

Home Address	Business Address
_____ City _____ State _____ Zip _____	_____ City _____ State _____ Zip _____
Home Phone _____	Business Phone _____

Fax Number _____ E-mail Address _____

Resident State License _____ License # _____ Expiration Date _____

Non-Resident License
States _____
(Attach copies of all licenses for appointment)

Errors and Omissions Coverage

AN ACTIVE POLICY DECLARATION PAGE WITH YOUR NAME LISTED AS THE COVERED ENTITY MUST BE ATTACHED

Name of Carrier _____ Policy # _____

Expiration Date _____ (\$1,000,000 per occurrence and \$1,000,000 annual aggregate required)

Appointment Application

Background – Please provide a complete explanation of any “Yes” answers on a separate sheet:

___Yes ___No 1.) Have you ever had your insurance or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?

___Yes ___No 2.) Have you ever plead guilty to or found guilty of a felony or crime including but not limited to crimes involving dishonesty, breach of trust or a violation of any federal law or are you now under indictment?

___Yes ___No 3.) Have you ever had a complaint filed against you with an insurance department, NASD, or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause?

___Yes ___No 4.) Are you at the present time involved in any litigation or are there any unjustified judgments or liens (including State or Federal tax liens) against you?

___Yes ___No 5.) Do you owe an insurance company or other person for any premiums collected or monies advanced?

___Yes ___No 6.) Has any company or other person alleged that it has not received premiums or other monies due such company or person from you?

Conditions and Agreements

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if and when any or all of the companies issue to me any Agreement(s) for which I hereby apply, I will be bound by such Agreement(s). I understand that my supervising office has specimen forms of the Agreement(s) on file and I have had the opportunity to review such Agreement(s). Submitting to the Company any application for insurance products, including but not limited to Medicare Advantage and Prescription Drug Plan shall constitute my agreement to such Agreement(s) and all the terms, conditions and provisions set forth therein. I acknowledge that by signing this Appointment Application and submitting any such insurance application for Insured Product, I have so agreed to the Agreement(s) and no future signature by me shall be necessary.

I have executed this Appointment Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgement has been approved. I understand that as part of its approval process, the Company may obtain an investigative consumer report which will confirm information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report.

Applicant Signature _____ Print Name: _____

Date: _____

Health Insurance Plan of Greater New York, INC Assignment of Commissions

To: Genesis Business Capital, /Inc. **Tax ID** _____
(Herein called the Assignee)

Assignee's Address: 20 South Mortimer Avenue _____ **City** :Elmsford
State: NY _____ **Zip Code:**10523 _____ **Telephone** __ 914-909-2548 _____

For valuable consideration, the undersigned, herein called the Assignor, hereby assigns to the Assignee all of the Assignor's right, title, interest, claim or demand in and to any and all compensation now due and payable, or which may become due and payable, under existing contracts and agreements heretofore entered into by and between the Health Insurance Plan of Greater New York, Inc., on behalf of itself and its affiliates (collectively, the "Company") and Assignor.

Assignor hereby authorizes and empowers the Company to pay Assignee all compensation (including but not limited to over-riding commissions) now due or which may become due under the Agreement until such time as Assignor terminates this assignment by written notice to the Company. Assignor acknowledges and agrees that such payment of compensation to Assignee shall constitute payment of such compensation to the Assignor as if paid directly to the Assignor and the Company shall be fully released from any and all responsibility to the Assignor for such payments. Assignor hereby acknowledges and agrees that assignment of compensation payable under the agreement does not release or otherwise relieve Assignor of any obligation or responsibility under the Agreement including, but not limited to, the obligation to pay commissions to Solicitor Agents and./or the obligation to reimburse the Company for compensation paid on premiums subsequently refunded.

Assignor hereby covenants and agrees that Assignor is the absolute and sole owner of said compensation, free from assignment or encumbrance of any kind or character whatsoever, and has full right and lawful authority to so assign same. The Assignor shall at all times defend, indemnify and hold harmless the Company and its officers, agents, and employees from and against any and all suits, actions, losses, damages, claims, expenses (including but not limited to the Company's legal expenses) and liability of any character, type or description arising out of the execution or performance of this assignment.

Assignor Signature _____ /Broker Dated _____

Assignor Name _____
(Print)/Broker

Assignee Signature _____ /GBC Dated _____

The Company acknowledges receipt of, and consents to the foregoing assignment, but assumes no responsibility for the validity or sufficiency hereof. This assignment is effective on the date signed by an authorized officer of the company.

By _____ Dated _____
(Authorized Company Signature)

Company Officer Name _____ Title _____

