

Healthspring 2012 Agent Contracting Checklist-

Agent Name: _____ **Submit Date:** _____

RCTR Name: _____ **Upline Name:** _____

Agent, please initial each page as you complete it to ensure all required pages are turned in.

Agent Initials	RCTR Initials	Required Page:
		Electronic Payment Authorization Agreement (ACH)
		Policy and Procedure Sign Off Sheet
		Contact Information Sheet
		Contact Information Sheet (cont'd 1)
		Contact Information Sheet (cont'd 2)
		Assignment of Commissions Page 1
		Assignment of Commissions Page 2
		Sales Representative Addendum
		Agent Hierarchy Form
		Release Authorization and Fair Credit Reporting Act Disclosure
		W-9 (Please make sure to sign this page)
		Agent Broker Agreement (Please make sure to sign this page)
		Copy of State License(s) Resident State: _____ Expires: _____
		E&O Certificate of Coverage Expires: _____
		Voided Check
		Written Explanation for any "YES" answer on background questions
For Office Us Only		
	Verified	Updated Recruiter Log
	Scanned	Updated File Maker Pro
	Submitted	Ready To File

Approval Date: _____ **Writing Number:** _____



Greetings from HealthSpring:

Thank you for your interest in becoming a selling partner with HealthSpring and/or Bravo Health, a HealthSpring Company. Based in Nashville, Tennessee, HealthSpring started in 2000 and is now one of the country's largest and fastest-growing coordinated care plans whose primary focus is Medicare Advantage plans. HealthSpring currently owns and operates Medicare Advantage plans in Alabama, Delaware, Florida, Georgia, Illinois, Maryland, Mississippi, New Jersey, Pennsylvania, Tennessee, Texas, and Washington, D.C.

We are dedicated to improving the health of the communities we serve by delivering the highest quality and greatest value in healthcare benefits and services and we look forward to welcoming you to our team.

What happens next?

Your first step in the on-boarding process will be to complete any necessary contracting paperwork. Please refer to the "Contracting Checklist" found in your contracting kit as a tool to help guide you through this process.

Upon completing the contracting process you will receive an email providing you instruction on how to access and complete the required AHIP exam. Because we greatly value our agents, we offer the AHIP exam at the discounted price of \$100.00 when the exam is taken through our site www.medicareonlinetraining.com/healthspring. If you have already taken the exam for the current year, you may use your certification to meet this requirement.

Once you have passed AHIP, you will be prompted to schedule your face-to-face training in your local market. This is the last step in your certification process. Once training is completed and processed by Corporate Sales Operations, you will receive a writing number and welcome email. You will not receive any marketing materials or be able to present HealthSpring until you have received your writing number.

If you have any questions or need assistance in any part of the on-boarding process, please do not hesitate to contact Sales Operations by way of the contracting mailbox at contracting.mailbox@healthspring.com, and we will be happy to assist you.

Good luck in completing this process and we look forward to welcoming you to our team.

Thank you



Sub Agent Contracting Checklist:

- Copies of valid licensing for each market in which you intend to sell**
- A copy of your E&O policy/coverage**
- Hierarchy Form**
Please list the name of your agency on the GA or FMO line
- W-9**
- Assignment of Commissions Form**
Complete this form if you will be assigning your commissions to your agency
- ACH Form**
Complete this form if you would like Direct Deposit; if not, you will be mailed a check
- Agent Application**
All 3 pages filled out in their entirety
- HealthSpring Release Authorization and Fair Credit Reporting Act Disclosure**
This form gives us permission to perform your background check
- Sales Representative Addendum**
- Agent Acknowledgement & P&P Sign-off Form**

Once paperwork is complete, please fax to 410-537-8959 or email to contracting.mailbox@healthspring.com



Hierarchy Form

Agent Name _____

GA Name _____

MGA Name _____

SGA Name _____

FMO Name Trusted Senior Specialists, LLC

- Agent assigns commissions to an agency
- Agent paid directly by HealthSpring

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.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

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).

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 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the “Exempt from backup withholding” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



HealthSpring
Assignment of Commissions

To _____ Tax ID _____
(Legal entity that Commissions are being assigned to, hereinafter the "Assignee")

Assignee's Address _____

City _____ State _____ Zip Code _____

Telephone _____

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 HealthSpring, Inc. (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 any applicable "downline" sales hierarchy 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 _____ Dated _____

Assignor Name _____
(Print)

Assignee Signature _____ 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 representative of the company.

By _____ Dated _____
(Authorized Company Signature)

Company Representative Name _____ Title _____

(Print)

Electronic Payment (ACH) Authorization Agreement

I hereby authorize _____ to deposit any amounts owed me by initiating credit entries to the bank account listed below in the amounts specified. Also, I authorize _____ the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in force until the company receives written notice from me of its termination in such time and in such manner as to afford the company a reasonable opportunity to act on it.

Vendor Information

Name (please print): _____

Social Security Number: - -

OR

Tax ID Number: -

Address: _____

Deposit Information

Check One: Checking Savings Requested Start Date for ACH: _____

Check One: New Change Stop

Bank Routing # Bank Account #

*****MUST ATTACH A COPY OF A VOIDED CHECK*****

Signature _____ Date _____

FINANCE USE ONLY	
RECEIVED:	PS VENDOR #:
ENTERED INTO PEOPLESOFT:	

Electronic Payment (ACH) Authorization

Use this form to add, change or stop a direct deposit. All changes must be in writing. A full Electronic Payment (ACH) requires net pay to be deposited into one account.

To set up Electronic (ACH) payments, you must:

- Have the account currently set up at your bank
- Find out if the bank accepts electronic payments (ACH)
- Verify bank's routing number and your account number (See diagram below)
- Notify the bank that you are setting up Electronic Payment (ACH)
- Determine if the bank has special requirements
- For Savings, please attach a letter from your bank verifying the routing # and account #
- For checking, please attach a voided check or a letter from your bank



Routing Number

(9 Numeric Characters)

Account Number

(Up to 12 Numeric Characters)



HEALTHSPRING

More from Medicare. More from life.

Contact information

All information is required to complete contracting

Last Name, first name, middle initial		Date of Birth	Social Security Number	
Address		City	State	Zip Code
()	()	()		
Phone	Cell Phone	Fax Number	E-mail Address	
Please list all websites and/or website affiliations:				

Provider business office locations for last five years:

Business address	City	State	ZIP Code	From	To
Business address	City	State	ZIP Code	From	To
Business address	City	State	ZIP Code	From	To

Professional designation:

Type of professional designation	From	To
Type of professional designation	From	To
Type of professional designation	From	To

List any insurance agency affiliations for the past five years:

Name of agency	City where agency is located	From	To
Name of agency	City where agency is located	From	To

Please indicate the service area(s) in which you plan to sell HealthSpring (please select all that apply):

*(You **MUST** have a currently active state Health license in all of the states for the service areas you selected below)*

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Texas | <input type="checkbox"/> District of Columbia |
| <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Alabama |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Illinois |
| <input type="checkbox"/> New Jersey | <input type="checkbox"/> Mississippi |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Florida |

Additional information:

If an answer to any of the following questions is "yes," attach details on separate sheet of paper.

	Yes	No
A. Has your license to sell insurance or HMO Products ever been denied, suspended or revoked by any state?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
B. Have any complaints been filed against you with the State Department of Insurance or any other insurance regulatory board or agency within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
C. Have you ever been denied appointment or renewal appointment by any insurance and/or managed care company?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
D. Have you ever been party to a lawsuit relating to the insurance or managed care industry?		
1. Have any settlements ever been made on your behalf?		
2. Are there any claims or cases presently filed or pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
E. Have you ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
F. Have you ever been convicted or are you currently being charged or under investigation for any violation of the law other than minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
G. Are any legal actions pending against you by any employer, client, former associate, partner, state board of insurance, law enforcement agency or professional group or organization?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
H. How long have you sold individual and/or group HMO products? _____		
.....		
I. How long have you been in the insurance business? _____		
.....		
J. Do you speak any foreign language? If yes, indicate language(s): _____		
.....		

I certify that the above statements are true and complete and no misrepresentations are contained with the application or attachments.

Signature _____
Date

Active appointments with insurance and/or managed care companies:

	From	To	HMO		PPO		Life	
			Yes	No	Yes	No	Yes	No
_____ Company name	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Company name	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Company name	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Company name	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorization and release:

I understand that HealthSpring Inc. will verify that information in this application and I hereby authorize HealthSpring Inc. or its representatives to contact and obtain information references in this application from an individual present or former client, insurer, corporation or other business entity, regulatory or licensing agency, or state, city or federal agency.

By applying for appointment with HealthSpring Inc., I extend absolute immunity to, and release and hold harmless from any and all liability: (i) HealthSpring Inc., its representatives, employees, trustees, directors, and officers; (ii) any individual, present or former client, insurer, corporation, or other business entity, regulatory or licensing agency, or state, city or federal agency providing information, their representatives, employees, trustees, directors and officers; (iii) any third party for any acts, communications, reports, records, statements, documents, recommendations or disclosures involving me, requested or received by HealthSpring Inc. and its representatives to, from, or by any third party, including otherwise privileged or confidential information.

I certify that the above statements are true and complete and no misrepresentations are contained within the application or attachments.

Name (please print)

Signature

Date

Application for appointment includes:

- Completed application, with signature on authorization and release above
- Copy of Current State License(s)

Return completed application along with required documents to:

Corporate Contracting
 Contracting.mailbox@healthspring.com
 Fax: 410-537-8959
 Attn: Corporate Sales Operations
 3601 O'Donnell Street
 Baltimore, MD 21224



HEALTHSPRING

More from Medicare. More from life.

HealthSpring

RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE

The applicant for contracting acknowledges that this company may now, or at any time while contracted, verify information within the contract. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

You may also be asked to adhere to a random drug test at which HealthSpring has the right to initiate, subject to state notification provisions.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Business Information Group, Inc., P.O. Box 541, Southampton, PA, 18966..

*If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No _____*

Initials Initials

Date: _____ Signature of Applicant: _____

Print Name: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if

you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business:	Contact
<i>Consumer reporting agencies, creditors and others not listed below</i>	<i>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</i>
<i>National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)</i>	<i>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</i>
<i>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</i>	<i>Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693</i>
<i>Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)</i>	<i>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929</i>
<i>Federal credit unions (words "Federal Credit Union" appear in institution's name)</i>	<i>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600</i>
<i>State-chartered banks that are not members of the Federal Reserve System</i>	<i>Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342</i>
<i>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</i>	<i>Department of Transportation ,Office of Financial Management Washington, DC 20590 202-366-1306</i>
<i>Activities subject to the Packers and Stockyards Act, 1921</i>	<i>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051</i>

SALES REPRESENTATIVE ADDENDUM

This Addendum is for any FMO/SGA/MGA/GA who is certified, licensed and appointed to sell Medicare Advantage products. Due to the high degree of compliance necessary and the fact that Medicare Advantage products are governed by State and Federal regulations, the Certified FMO/SGA/MGA/GA needs to comply with all HealthSpring Policies and Procedures, including but not limited to those set forth below.

FMO/SGA/MGA/GA agrees that it shall comply with all policies and regulations as set forth below and shall require each individual affiliated subordinate SGA/MGA/GA/Broker or Agent to execute this addendum to any agreement with FMO/SGA/MGA/GA selling within the sales hierarchy. FMO/SGA/MGA/GA also agrees to provide access to such addendums or agreements to HealthSpring upon reasonable notice.

FMO/SGA/MGA/GA agrees that any Contracted Agent affiliated with the FMO or a Subordinate SGA/MGA/GA that provides services to HealthSpring shall also be required to sign the HealthSpring Contracted Sales Agent HIPAA Agreement in the form provided by HealthSpring. This obligation is separate and in addition to HealthSpring requiring Contracted Agent to sign an agreement with FMO or a Subordinate SGA/MGA/GA that is consistent with the upline entity's Business Associate Addendum with HealthSpring. HealthSpring will obtain signed copies of this documentation before authorizing the Contracted Agent to access, create or receive individually identifiable health information.

□ Agent Qualifications

To be an authorized HealthSpring Agent/Broker, you must:

- Complete Agent/Broker credentialing administered by HealthSpring or its designee.
- Complete the HealthSpring Agent/Broker certification training and pass the required certification examination.
- Complete face-to-face training conducted by HealthSpring sales management in the market(s) where the Agent intends to sell.
- Be a licensed health agent in the state(s) in which HealthSpring operates, in good standing, and supply HealthSpring with a copy of the license upon request.
- Be appointed by HealthSpring as an agent, where applicable.
- Have an executed agreement with FMO, Subordinate SGA, MGA, GA or HealthSpring, as applicable.
- Agree to comply with all legal, compliance and regulatory guidance in accordance with applicable state, federal law and HealthSpring policies.
- Agree to receive continuing education relative to the current Medicare Advantage products and comply with any changes that occur relative to this program.
- Attend sales staff informational meetings in order to stay informed of compliance and regulatory changes, procedural changes, network changes, etc.

- Pass the annual recertification examination administered by HealthSpring or its designee.
- Agree to participate in field evaluations as required by CMS and HealthSpring.
- Have reasonable accessibility for receiving communications concerning immediate regulatory or network changes (i.e., phone, email, fax, pager, voicemail, etc.).
- Maintain a proficiency in, and knowledge of, HealthSpring's Medicare Advantage products as well as all necessary compliance requirements.
- Agree to adhere to HealthSpring sales performance and disciplinary standards as set forth in HealthSpring policies and procedures, herein incorporated by reference.
- Agree to comply with random drug testing programs in accordance with HealthSpring policy and procedure as applicable.
- Have an executed HIPAA Agreement for Agents affiliated with an Agency, or have a Business Associate Agreement for Agents directly contracted with HealthSpring.

❑ **Errors and Omissions**

FMO/SGA/MGA/GA shall, at all times during the term of this Agreement, maintain Errors and Omissions Insurance in amounts consistent with industry standards, but at no time less than \$1,000,000 per occurrence and \$1,000,000 aggregate limit, with a reasonable deductible. FMO shall request that notice be provided to HealthSpring by the insurer of any reduction, modification, cancellation or termination thereof. FMO/SGA/MGA/GA shall provide evidence to HealthSpring that such coverage is in force prior to the execution hereof, and from time to time upon HealthSpring's request. FMO/SGA/MGA/GA shall notify HealthSpring immediately if such insurance is or will be reduced, modified, canceled or terminated. Further, the FMO/SGA/MGA/GA shall ensure that all individuals employed by or contracted with FMO/SGA/MGA/GA, including Subordinate Brokers or Agents, shall maintain Errors and Omissions Insurance in amounts consistent with industry standards, but at no time less than \$250,000 per occurrence and \$250,000 aggregate limit, with a reasonable deductible, or the applicable state required coverage amounts, and to provide evidence of such coverage upon request by HealthSpring.

❑ **Individual Leads**

HealthSpring is not responsible for supporting the FMO/SGA/MGA/GA, Broker or Agent with leads or financial support in their prospecting efforts. During a visit with the prospect, FMO/SGA/MGA/GA, Broker or Agent can present the HealthSpring Medicare Advantage products with full disclosure and enroll the prospect. Referrals may only be sought in accordance with HealthSpring policy and applicable CMS guidelines. FMO/SGA/MGA/GA, Broker or Agent must follow all guidelines and regulations that govern the proper procedure for prospecting, and selling, the HealthSpring product including all requirements set forth under MIPPA and the CMS Medicare Marketing Guidelines.

❑ **Switching Hierarchies**

Agents or any entity in FMO/SGA/MGA/GA's Hierarchy may change sales hierarchies upon six (6) months prior written notice to HealthSpring in accordance with such Agent or other entity's

agreement with HealthSpring. Agents and other entities in the FMO/SGA/MGA/GA Hierarchy are permitted to changes sales hierarchies no more than once per calendar year. In the event any piece of FMO/SGA/MGA/GA “downline” (as described below) sales hierarchy is terminated or ceases to exist for any reason whatsoever, those legal entities or Agents that are “downline” from such entity may change hierarchies upon at least ten (10) business days written notice to HealthSpring.

In addition, Agents or any other entity in the FMO/SGA/MGA/GA Hierarchy may change sales hierarchy at any time upon written mutual agreement with such Agent’s or other entity’s direct “upline” piece of the applicable FMO/SGA/MGA/GA Hierarchy. FMO/SGA/MGA/GA consent to such change is not required. Any HealthSpring business and commission payments associated with the Agent or other entity in the FMO/SGA/MGA/GA Hierarchy will automatically move with such Agent or other entity to the new sales hierarchy they/it joins.

□ **Commissions – Individual Sales**

Enrollments must be a result of the direct contact between the FMO/SGA/MGA/GA, Broker or Agent and the individual prospect. HealthSpring will pay a commission for each individual whom FMO/SGA/MGA/GA, Broker or Agent enroll in a HealthSpring Medicare Advantage Plan. Commissions are paid per the current commission schedule set forth in Exhibit A. The allocated portion of the commission payments will be paid directly to the FMO/SGA/MGA/GA and Agent of Record during the normal commission payment schedule as set forth by HealthSpring policy unless otherwise agreed between the parties.

By: _____

Print Name: _____

Date: _____



Agent Acknowledgement Form

&

Policy and Procedure Sign-Off

In the performance of my duties as a contracted Agent for HealthSpring, I hereby acknowledge the following:

1. In offering products to Medicare beneficiaries, an organization and its contracted brokers/agents may not engage in any of the following practices or activities. **Prohibited practices** include, but are not limited to, the following:
 - Discriminatory practices/Forgeries
 - Door-to-door solicitations
 - Misrepresentations or activities which would mislead, confuse, or misrepresent improper payment
 - Conducting outbound telemarketing in violation of CMS/HealthSpring policy
 - Unauthorized language interpretations
 - Distribution of incorrect enrollment materials
 - Enrollment and/or marketing at education events
 - Marketing in healthcare settings (i.e. waiting rooms, exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas)
 - Offering gifts or payments to induce enrollment
 - Accepting gifts or any commissions from affiliated providers, vendors, and customers
 - Distribution of disapproved or unapproved marketing materials
2. I will represent HealthSpring in a responsible, accurate, and respectable manner at all times.
3. I understand that the unsolicited contact of Medicare beneficiaries is prohibited. All appointments must be pre-scheduled, with consent and scope of appointment documented.
4. I will provide accurate information regarding eligibility requirements, plan benefits, grievance, appeals, and disenrollment procedures.
5. I will abide by all CMS, State, and HealthSpring marketing guidelines.
6. I will not discriminate against any Medicare beneficiary who is eligible for a HealthSpring offering.
7. I will not make any statement, claim, or promise that conflicts with, alters, or erroneously expands upon either the information contained within CMS-approved materials or HealthSpring materials.
8. I will not mislead, confuse, or misrepresent to potential members about HealthSpring, competitive plans, or Medicare.
9. I will not misrepresent myself as an agent of Medicare, Social Security, or any agency of the federal government.
10. I will not offer any form of enticement, such as gifts or payments, to induce enrollment by potential members.
11. I will identify myself as representing HealthSpring to all prospective or current members.
12. I understand that violation of any of the above will result in disciplinary action up to and including contract termination.

A copy of this form has been placed in my individual electronic file with HealthSpring and a copy can be furnished to me upon my request to the health plan.

By signing this, Acknowledgement Form I, _____ confirm that I have received HealthSpring corporate Sales policies and procedures and will abide by all of the requirements set forth above. I also attest that I have read them completely and thoroughly, understand them to the fullest extent, and agree to abide by the guidelines they establish. If at any time I am unclear about a policy or have a question I will consult my Sales Manager/Sales Lead for further guidance.

Employed/Contracted Agent

Date

Sales Manager/Sales Lead

Date

Trusted Senior Specialists, LLC



HealthSpring Agent/Broker Agreement

Trusted Senior Specialists, LLC, and the undersigned Broker/Agent agree to accept all the policies outlined in the agreement between Trusted Senior Specialists, LLC and HealthSpring.

In consideration for enrollments produced by the Broker/Agent for the HealthSpring and /or Bravo Health Plans, the Broker/Agent will receive commission as defined in the Agent Contract signed and submitted to HealthSpring.

Disenrollment: within 90 days of the members effective date or as defined by CMS for the rapid disenrollment period, the Broker/Agent will be charged back or an offset against future payments to the Broker/Agent.

The Broker/Agent must have Errors and Omissions Insurance in the amount of one million dollars and must maintain this coverage throughout the term of this agreement.

No Compensation will be paid if; at the time of enrollment the Broker/Agent was not licensed under state licensing law, contracted, appointed, and certified by HealthSpring.

The Agent/Agency will receive compensation directly from HealthSpring unless otherwise stated in the signed contract with HealthSpring.

The Broker/Agent also agrees to represent HealthSpring/Bravo Health Plans only through Trusted Senior Specialists, LLC. To be released from this agreement the Broker/Agent must submit a request in writing via fax or email to Trusted Senior Specialists, LLC. If no debt is owed at the time the request is made, Trusted Senior Specialists, LLC may approve a reciprocal release which will become effective upon signature by Agent/Broker, the Accepting Marketing Company they are transferring to, and a partner of Trusted Senior Specialists, LLC. Requests for release can be sent to:

- 1) Fax: 281-879-5175
- 2) Email: Support@TrustedSeniorSpecialists.Com
- 3) Mail: 10998 S. Wilcrest Dr. Ste #195
Houston, Texas 77099
Attn: Agent Support Dept.

This agreement is entered into between the two parties signing below and shall remain in effect until terminated according to the release guidelines listed above.

Trusted Senior Specialists, LLC

Broker/Agent

Melinda Wilhelm, Principal

Date: _____

Signature

Date: _____

Agent Name: _____