FAIR CREDIT REPORTING ACT DISCLOSURE

DISCLOSURE

Pursuant to the Fair Credit Reporting Act, 15 U.S.C, Section 1681 et seq., and certain related state laws, (described in the attachment), this notice is to inform you that as part of our evaluation procedure for engagement as a contracted insurance producer and/or during the entire term of that engagement, if any, WellCare Health Plans, Inc. or certain of its affiliates (collectively the "Company") may obtain and review a consumer report and otherwise investigate your background. This report will be obtained through the following Consumer Reporting Agency or Agencies:

Interstate Background Research
PO Box 817
New Port Richey, FL 34656-0817
Phone: 727-944-5888

The report may contain information bearing on your character, general reputation, personal characteristics, and mode of living and/or credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records check, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your application or otherwise disclosed to the Company by you, your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. Nevertheless, you are entitled to obtain more information about the nature and scope of such reports by submitting a written request to:

Comprehensive Health Management, Inc.
Sales Monitoring & Oversight
PO Box 31418
Tampa, FL 33631-3418

ADDITIONAL STATE LAW NOTICES

To the extent that you are seeking engagement in California, Maine, Minnesota, New York, Oklahoma, or Washington please review these additional notices.

CALIFORNIA: You may request a copy of any consumer report obtained by the Company from any consumer reporting agency, at no extra charge, pursuant to the California Investigative

Consumer Reporting Agencies Act, Ca. Civil Code §1786 et. seq. by contacting:
Interstate Background Research
P. O. BOX 817
New Port Richey, FL 34656-0817
Telephone: (727) 944-5888

Be advised that you may receive notice of future requests to conduct background investigations. Pursuant to California Civil Code section 1786.22 be advised that you may view the file maintained on you by the consumer reporting agency listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency in person, or by mail: you may also receive a summary of the file by telephone. The agency is required to provide a written explanation to you regarding any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

MAINE: You have the right, upon request, to be informed of whether a consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports. You may request them directly from:
Interstate Background Research
P. O. BOX 817
New Port Richey, FL 34656-0817
Telephone: (727) 944-5888

MINNESOTA: You may request a copy of any consumer report obtained by the Company from any consumer reporting agency, at no extra charge by contacting:
Interstate Background Research
P. O. BOX 817
New Port Richey, FL 34656-0817
Telephone: (727) 944-5888

NEW YORK: You have the right, upon request, to be informed of whether a consumer report was requested, and. if one was requested, the name and address of the consumer reporting agency furnishing the report. Upon written request you will be informed about whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may inspect and receive a copy of such report by contacting the agency:
Interstate Background Research
P. O. BOX 817
New Port Richey, FL 34656-0817
Telephone: (727) 944-5888

OKLAHOMA: You may request, a copy of any consumer report obtained by the Company from any consumer reporting agency, at no extra charge by contacting:
Interstate Background Research
P. O. BOX 817
New Port Richey, FL 34656-0817
Telephone: (727) 944-5888

WASHINGTON: You understand that, if the Company seeks a consumer report or investigative consumer report during the course of employment, it will disclose that fact to you in a separate disclosure at that time, unless it has reasonable cause to believe that you have engaged in specific activity that constitutes a violation of law.

You understand that the Company requires satisfactory information on your credit worthiness, credit standing, and credit capacity because the position sought would involve responsibility for valuable Company products and services and/or access to customers' personal account information. The Company must ensure that you will place the interest of the Company and its customers above all other interests during employment with it.

AUTHORIZATION AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

I have carefully read and understand this disclosure and authorization form. By signing below, I authorize Interstate Background Research to conduct a consumer and/or investigative consumer report on me and to provide the results of the background to the Company. I understand that my consent will remain valid in connection with my engagement with the Company, if any, unless I revoke it by sending a signed letter to:

Comprehensive Health Management, Inc.
Sales Monitoring & Oversight
PO Box 31418
Tampa, FL 33631-3418

By my signature, I authorize the disclosure of information concerning my employment, earnings history, education, credit history, credit capacity, credit standing, motor vehicle history, criminal history, and all other information deemed pertinent by Interstate Background Research to the Company from private and public sector entities such as: past and present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and motor vehicle records agencies.

I understand that, to the extent authorized by law, information contained in my application for any contract with the Company or otherwise disclosed to the Company by me, may be utilized for the purpose of obtaining consumer reports and/or investigative consumer reports.

I HAVE CAREFULLY READ AND UNDERSTAND THIS DISCLOSURE AND AUTHORIZATION FORM, INCLUDING THE ADDITIONAL STATE LAW NOTICES PROVIDED ABOVE, AND BY PROVIDING MY SIGNATURE, I CONSENT TO THE PREPARATION AND RELEASE OF THE INFORMATION DESCRIBED ABOVE, TO WELLCARE HEALTH PLANS, INC. AND ANY OF ITS DIVISIONS, AFFILIATES, OR SUBSIDIARIES: (1) IN CONNECTION WITH MY APPLICATION FOR A INSURANCE PRODUCER CONTRACT WITH THE COMPANY, AND (2) DURING THE ENTIRE TERM OF THAT CONTRACT, IF ANY, AND FOR AS LONG AS WELLCARE PAYS ME RENEWAL COMMISSIONS. I FURTHER UNDERSTAND THAT ANY AND ALL INFORMATION DISCLOSED TO THE COMPANY BY ME BEFORE, DURING OR AFTER THE TERM OF MY CONTRACT, IF ANY, MAY BE UTILIZED FOR THE PURPOSE OF OBTAINING THE ABOVE-REFERENCED REPORT REQUESTED BY THE COMPANY.

Producer Name (Please Print) _____

Electronic Signature _____

Signature Date _____

Producer Signature _____

☐ As referenced in the Fair Credit Reporting Act Disclosure Notice above, if you are a resident of the state of California, Maine, Minnesota, New York, Oklahoma or Washington and would like to request that a copy of the consumer report obtained by WellCare be sent to you, please check the box. The copy of the consumer report may come directly from the agency performing the background check, or from WellCare