

Agent Listing Application

Please print or type all responses. If you need more space to finish your answer, attach a separate page. In this application, "WPS" means WPS Health Insurance® and/or The EPIC Life Insurance Company®.

Section 1: Contracted agency for this listing			
Agency name	Taxpayer ID number		
Agency address	City	State	ZIP code
Upline agency (if applicable; e.g., FMO, brokerage house)			
Agency name			
Agency address	City	State	ZIP code
Primary agency (agency you are employed by)			
Agency name			
Agency address	City	State	ZIP code
New agent information			
Last name	First name	Middle initial	
Email address	Social security number	Birthdate	
Agent license number for accident/health and life	National producer number		
Business name and address, if different than primary agency	City	State	ZIP code
Business phone	Business fax		
Home address	City	State	ZIP code

Gender: Male Female Nonbinary

Race and Ethnicity: White Black or African American Native American or Alaska Native
Asian Native Hawaiian and Other Pacific Islander Hispanic or Latino Two or more races

For a definition of each race and ethnicity option, please visit: secure.wpsic.com/files/race-and-ethnicity-definitions.pdf

I agree to receive occasional informational emails from WPS: Yes No

Are you registered to participate in the Federally Facilitated Marketplace (FFM) for the individual market in Wisconsin? Yes No

Do your listing contracts with any other companies contain a "right of first refusal" provision? Yes No

If yes, please attach an explanation of (a) what products are subject to this right of first refusal provision; and (b) the nature of any approval or consent that must be obtained before you can place insurance with other represented companies.

Why do you wish to be appointed? _____

What is your anticipated WPS production:

Nongroup (issued contracts):	Medicare: <input type="checkbox"/>	over 50/year <input type="checkbox"/>	under 50/year <input type="checkbox"/>
	Individual: <input type="checkbox"/>	over 50/year <input type="checkbox"/>	under 50/year <input type="checkbox"/>
Group (issued contracts):	Small Group (2-49): <input type="checkbox"/>	over 50/year <input type="checkbox"/>	under 50/year <input type="checkbox"/>
	Large Group (50+): <input type="checkbox"/>	over 50/year <input type="checkbox"/>	under 50/year <input type="checkbox"/>

Section 2

If you answer "Yes" to any of the questions in Section 2, you must attach a detailed explanation.

Have you ever been subject to, or do you anticipate, any disciplinary action from a state or federal regulator? Yes No

Have you ever had your license to solicit insurance deferred, suspended, denied, or revoked? Yes No

Have you ever been convicted of a criminal offense that involved circumstances relating to insurance activities? Yes No

Have you ever been convicted of a criminal offense involving the theft, conversion, or misappropriation of funds? Yes No

Have you ever been refused a fidelity or equivalent bond? Yes No

Has your employment or agent listing been terminated or nonrenewed by any company or agency because of allegations of misconduct or wrongdoing? Yes No

SECTION 2 continued

If you answer "Yes" to any of the questions in Section 2, you must attach a detailed explanation.

Have you ever been convicted of a felony?

Yes No

Are you listed on the U.S. Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List (SDN List) or associated with any entity listed on the SDN List?

Yes No

SECTION 3

See page 5 for a list of states and products offered and check the WPS companies you are applying with.

WPS Health Insurance: Medicare Supplement, Individual, Group

The EPIC Life Insurance Company: Medicare Supplement

SECTION 4

By signing, I hereby certify that:

- To the best of my knowledge and belief, all of the responses provided on this Individual Agent Listing Application are true and complete.
- There are no contractual restrictions on my ability to sell for WPS, such as a captive agent agreement or independent career agent agreement.
- I understand and agree to abide by my legal obligations with regard to the protection of Protected Health Information, personally identifiable information, consumer payment card information, and other sensitive information ("Confidential Information") that I obtain during the course of my agency appointment with WPS. Additionally, I agree to return and/or destroy such Confidential Information upon the termination of my agency appointment with WPS and to execute and comply with WPS Agent Certification of Destruction or Return of Confidential Information.
- I understand that WPS fully complies with the regulations and orders regarding doing business with those listed on the OFADC SDN List. Therefore, WPS may rescind its approval of this Application if it determines that I am either listed on the SDN List or associated with an entity listed on the SDN List.
- If I participate in any Federally Facilitated Marketplace, I agree to abide by all relevant registration, training, and other legal requirements prior to assisting consumers with enrollments.
- I understand that subject to approval from WPS, a contracted WPS agency may list individual subagents with WPS in accordance with the terms and conditions in WPS Agency Producer Agreements. Any issued WPS business written by a listed agent is recorded and credited to the contracted agency, with commissions payable to the contracted agency. The contracted agency is solely responsible for compensation to its subagents.
- I understand that nothing contained in this Application shall be construed to create an employment relationship between me and WPS. I understand that my appointment as an agent of WPS does not constitute a guarantee by WPS that I will receive referrals or that I am entitled to earn commissions absent compliance with WPS agent standards. Further, I understand that as an independent contractor, my authority does not extend to or affect WPS' general practices and administrative policies.
- I understand that WPS may rescind approval of my Application if it determines that I (1) have made any false representation in this Application; (2) am accused of misconduct or unethical business practices, or I violate applicable law; (3) lose any license and/or certification required to sell WPS products.
- I understand that, as an appointed agent, I represent WPS and, accordingly, WPS retains the right to rescind my appointment if WPS determines, in its sole discretion, that my continued appointment could result in reputational harm to WPS or pose an unreasonable risk of harm to WPS insureds.
- I understand that I agree to obtain and maintain, for the duration of my appointment, errors and omissions liability insurance by a policy as an individual agent or on an agency level of coverage. Agent will notify WPS immediately in the event of cancellation of such insurance.

Agent signature

Agent/applicant signature (Note: Digital signatures are acceptable.)	Date
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Attachments

Please attach the following:

- A copy of your agent's license(s) for every state in which you will conduct business on behalf of WPS
- A copy of your FFM Individual Certificate of Completion, if applicable
- Detailed explanations for any questions answered "Yes" in Section 3, if applicable

WPS Agency Manager use only:

Approved

I have reviewed this Application in its entirety and confirmed that the Applicant has provided all required information and documentation.

To the best of my knowledge, the Applicant meets WPS' listing criteria.

Denied

Reason for denial:

WPS Agency Manager signature	Date
WPS Agency Manager signature	Date

Appendix A

States where agency may solicit business

Agent will solicit business for WPS Health Insurance and/or The EPIC Life Insurance Company (as applicable) in the following states*. Note not all states may be approved for sales at the time of this application. Notification of new state releases will be provided when final approvals are granted.

- | | |
|---|---|
| <input type="checkbox"/> Alabama – Medicare supplement | <input type="checkbox"/> Nebraska – Medicare supplement |
| <input type="checkbox"/> Alaska – Medicare supplement | <input type="checkbox"/> Nevada – Medicare supplement |
| <input type="checkbox"/> Arizona – Medicare supplement | <input type="checkbox"/> New Hampshire – Medicare supplement |
| <input type="checkbox"/> Arkansas – Medicare supplement | <input type="checkbox"/> New Jersey – Medicare supplement |
| <input type="checkbox"/> Colorado – Medicare supplement | <input type="checkbox"/> New Mexico – Medicare supplement |
| <input type="checkbox"/> Connecticut – Medicare supplement | <input type="checkbox"/> North Carolina – Medicare supplement |
| <input type="checkbox"/> Delaware – Medicare supplement | <input type="checkbox"/> North Dakota – Medicare supplement |
| <input type="checkbox"/> Florida – Medicare supplement | <input type="checkbox"/> Ohio – Medicare supplement |
| <input type="checkbox"/> Georgia – Medicare supplement | <input type="checkbox"/> Oklahoma – Medicare supplement |
| <input type="checkbox"/> Hawaii – Medicare supplement | <input type="checkbox"/> Oregon – Medicare supplement |
| <input type="checkbox"/> Idaho – Medicare supplement | <input type="checkbox"/> Pennsylvania – Medicare supplement |
| <input type="checkbox"/> Illinois – Medicare supplement and Group | <input type="checkbox"/> Rhode Island – Medicare supplement |
| <input type="checkbox"/> Indiana – Medicare supplement | <input type="checkbox"/> South Carolina – Medicare supplement |
| <input type="checkbox"/> Iowa – Medicare supplement | <input type="checkbox"/> South Dakota – Medicare supplement |
| <input type="checkbox"/> Kansas – Medicare supplement | <input type="checkbox"/> Tennessee – Medicare supplement |
| <input type="checkbox"/> Kentucky – Medicare supplement | <input type="checkbox"/> Texas – Medicare supplement |
| <input type="checkbox"/> Louisiana – Medicare supplement | <input type="checkbox"/> Utah – Medicare supplement |
| <input type="checkbox"/> Maine – Medicare supplement | <input type="checkbox"/> Vermont – Medicare supplement |
| <input type="checkbox"/> Maryland – Medicare supplement | <input type="checkbox"/> Virginia – Medicare supplement |
| <input type="checkbox"/> Massachusetts – Medicare supplement | <input type="checkbox"/> Washington – Medicare supplement |
| <input type="checkbox"/> Michigan – Medicare supplement | <input type="checkbox"/> West Virginia – Medicare supplement |
| <input type="checkbox"/> Mississippi – Medicare supplement | <input type="checkbox"/> Wisconsin – Medicare supplement, Individual, Group |
| <input type="checkbox"/> Missouri – Medicare supplement | <input type="checkbox"/> Wyoming – Medicare supplement |
| <input type="checkbox"/> Montana – Medicare supplement | |

*Please note each state you intend to solicit business in. WPS will notify Agent of approved states.