

## AGENT APPOINTMENT CHECKLIST

The following documentation is required for appointment processing:

<b>Documentation Needed</b>	<b>Attached</b>
Agent Information Form	
Important Tax Document Substitute Form W-9	
Individual Michigan License	
Proof of E&O Insurance (minimum of \$1 million)	
Individual Marketplace Certificate of Completion (if applicable)	

If commissions are to be paid to an agency, the following additional items are required:

<b>Documentation Needed</b>	<b>Attached</b>
Michigan Agency License	
Proof of E&O Insurance (minimum of \$1 million)	

Email the above information back to: [Sales@phpmm.org](mailto:Sales@phpmm.org)

## AGENT INFORMATION FORM

### Agent Information

Agent Full Name: \_\_\_\_\_

Agent Preferred Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Agent MI License # (System ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agent National Producer (NPN) #: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Individual Market Certification (if applicable)

Certification Complete:                      Yes                      No

Exchange Username (FFM ID): \_\_\_\_\_

### Agency Information

Agency Name: \_\_\_\_\_ Tax ID (TIN)#: \_\_\_\_\_

Agency MI License # (System ID): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Agency National Producer (NPN) #: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Administrative Assistant Name: \_\_\_\_\_ Admin. Phone: \_\_\_\_\_

Agency Office Mailing Address: \_\_\_\_\_

### Commission Payment Instructions

**Please Pay Commissions to:**                      **Agent**                      **Agency**

**Commission Mailing:**                      Same Address as Above

Mail to Address: \_\_\_\_\_  
(Street address including suite #)

\_\_\_\_\_ (City, State, Zip)

Commissions Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Appointment Authorization

\_\_\_\_\_  
(Agent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Officer of Agency - if applicable)

\_\_\_\_\_  
(Date)



**IMPORTANT TAX DOCUMENT  
SUBSTITUTE FORM W-9**

Request for Taxpayer Identification Number

The Internal Revenue Service Center (IRS) requires that we request your Taxpayer Identification Number (TIN) for information reporting purposes. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

1. Taxpayer Name \_\_\_\_\_  
(To whom the check is payable)  
(The legal entity name registered with IRS if a corporation or partnership; the business owner's name if a sole proprietor)

Doing Business as: DBA \_\_\_\_\_  
(A division name if a corporation or the name of the business if a sole proprietor)

2. Taxpayer Address \_\_\_\_\_

3. Taxpayer Identification Number (TIN)  
a. Corporation \_\_\_\_\_  
(List employer identification number)

b. Partnership \_\_\_\_\_  
(List employer identification number)

c. Individual \_\_\_\_\_  
(List social security number)

d. Sole Proprietorship \_\_\_\_\_  
(List social security number or employer identification number)

e. Tax Exempt Entity \_\_\_\_\_  
(List employer identification number) Please attach a copy of your tax-exempt status letter from the IRS.

4. Certification  
Under penalties of perjury, I certify that:  
a. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).  
b. I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
(Print name)

5. Signature \_\_\_\_\_

6. Today's Date \_\_\_\_\_

7. Daytime Phone Number \_\_\_\_\_

**PLEASE NOTE: INFORMATION REPORTED ON LINES 1-3 MUST BE CONSISTENT WITH DATA REGISTERED WITH THE IRS AND SOCIAL SECURITY ADMINISTRATION.**