CARRIER CONTRACTING QUESTIONNAIRE

FOR INSURANCE AGENTS

Agent Name: _____ **NPN:** _____

Agency: _____ **NPN:** _____

Email: _____ **Phone:** _____

INSTRUCTIONS: Please indicate for each carrier below whether you would like to contract and your current contracting status.

- Check the box under 'Contract?' if you would like to contract or re-contract with this carrier.
- Then select your current status: Contracted, Unsure, or Not Contracted.
- If currently contracted, please provide your Agent Number and the date you last submitted business.

CONTRACT? (Check if you want to contract)	CARRIER	CURRENT STATUS (Select One)	AGENT NUMBER (If Contracted)	LAST TIME SUBMITTED BUSINESS (If Contracted)
☐	**Aetna**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Alignment Health Plan (Alignment)**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Americo**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**American Equity Investment Life Insurance Company**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Blue Cross Blue Shield of North Carolina**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Devoted Health**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**F&G Life**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**HealthSpring**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Heartland National**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Humana**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**INA**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Liberty Medicare Advantage**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**ManhattanLife**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Mutual of Omaha**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**North American**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**UnitedHealthcare (UHC)**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)
☐	**Wellabe Medico**	○ Contracted ○ Unsure ○ Not Contracted	_____	_____ (MM/DD/YYYY)

MEDICARE ADVANTAGE

- Alignment™
- aetna®
- UHC
- Humana.
- Devoted HEALTH
- HealthSpring®
- BlueCross BlueShield of North Carolina
- LIBERTY MEDICARE ADVANTAGE

MEDICARE SUPPLEMENT

- INA
- wellabe® medico
- BlueCross BlueShield of North Carolina
- UHC AARP®

LIFE INSURANCE

- AMERICO®
- Mutual of Omaha®
- ManhattanLife. Since 1850

ANNUITIES

- NORTH AMERICAN® A Sammons Financial Company
- AMERICAN EQUITY® INVESTMENT LIFE INSURANCE COMPANY®
- F&G LIFE®

DENTAL • VISION • HEARING

- ManhattanLife. Since 1850
- BlueCross BlueShield of North Carolina

SHORT TERM & LONG TERM CARE

- ManhattanLife. Since 1850
- Mutual of Omaha®

HOME HEALTHCARE & HOSPITAL INDEMNITY

- heartland NATIONAL®
- ManhattanLife. Since 1850

WE OFFER MORE PRODUCTS & CARRIERS THAN LISTED.
THESE ARE OUR CORE PRODUCT LINES & CARRIERS TO GET STARTED WITH.

★ ★ ★ ★ ★

SAVERS MARKETING
AN INTEGRITY COMPANY

PINNACLE BENEFITS GROUP
AN INTEGRITY COMPANY

New Agent Information Sheet

Individual ☐ **Agency** ☐

Agent Last Name:_____ **Agent First Name:** _____

Agent SSN:_____ **Agent NPN:**_____ **Agent Date of Birth:** _____

Business Phone:_____ **Home Phone:** _____ **Fax:** _____

Email Address: _____

Home Address:_____

City:_____ **State:** _____ **Zip Code:** _____

Agency Name_____ **Tax ID:** _____

Business Address: _____

City:_____ **State:** _____ **Zip Code:** _____

Commission Level: Street **Immediate Upline:** AmeriNet Financial Group LLC

Commission Payment Authorization

Agent Name: _____

Social Security Number: _____ **Date of Birth:** ___ /___ /_____

Address: _____

Phone: _____ **NPN:** _____

Email: _____

Signature _____ **Date** _____

Please indicate how you prefer to be paid:

Make payments to (circle one): **AGENT** **AGENCY**

Agency Name: _____

Agency Tax ID (if agency being paid): _____

I hereby authorize Savers Marketing and the financial institution(s) listed below to deposit my commissions automatically to my:

☐Checking Account or ☐Savings Account

This authority will remain in full force and effect until Savers Marketing has received written notification from me of its termination in such time and in such manner as to afford Savers Marketing a reasonable opportunity to act on it.

Bank Branch Name _____ **City**_____ **State** _____

Bank Transit/Routing #_____

Bank Account #_____

NOTE: A VOIDED CHECK MAY BE ATTACHED. If a 'Voided' check is not available to attach, you are responsible for obtaining the correct ACH transit routing number from your financial institution.

RETURN ALL PAGES TO:

Fax: 336-831-2047 (ATTN: Contracting)

Email: contracting@saversmarketing.com

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they