

AGENT APPOINTMENT CHECKLIST

The following documentation is required for appointment processing:

Documentation Needed	Attached
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:

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

Email the above information back to: 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.