

Omaha Health PDP

Contracting Checklist

Please submit the following information to **SMS** when licensing with MOO PDP:

- Completed and Signed Contract Information and Signature Forms
- Voided Check
- Copy of Agent/Agency license (s)
- E&O Certificate (*required*)

Please return all contracting to Senior Marketing Specialist via:

Mail:
801 Gray Oak Dr
Columbia, MO 65201

Email: contracting@smsteam.net
Fax: 800-878-2025

The licensing process cannot begin until all of the above items have been received! If you have any questions, please call us at:
1- 800-689-2800.

Contracting Information Form

Please complete the below and return it with your contracting paperwork:

Agent Name: _____

Carrier Name: _____

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N)

If you answered 'yes' to the question above, please complete the below:

2. What date did you contract?

3. How were you contracted (indv. or corp.)?

4. Do you have any downline agents?

5. When was the last time you or your downline (if applicable) wrote a piece of business?

MUTUAL OF OMAHA CONTRACT REQUEST & INFORMATION

Please indicate the type of request being submitted:

Selection	Request Type	Description
	New Producer	Request to contract a producer who has never been assigned a producer number or been associated with Mutual of Omaha
	Recontract	Request to contract a producer who has been assigned a producer number but has been inactive
	Hierarchy Change	Request to change the upline in the producer's current hierarchy
	Product/Schedule Add	Request to add a new product to a producer's current hierarchy
	Product/Schedule Change	Request to change product/schedule compensation level under a producer's current hierarchy
	Transfer	Request to move producer's product lines to a new top level marketer relationship
	Demographic Update	Request to change name, address, email and/or EFT
	Certification Update	Request to add/update producer's certification records
	Other	All other requests

Licenses

- Licenses are automatically added and updated through our direct feed with NIPR (National Insurance Producer Registry)
- A request for a license addition or update is not required

State Appointments

- All company appointments available in the licensed states will be added automatically
- Appointments will be placed in a "JIT" (Just In Time) status and will not be made effective with the state until business is submitted
- If writing business in the states of MT or PA, the producer is responsible for contacting Mutual of Omaha and requesting their appointment be placed into effective status prior to completing the application
- A producer and marketer can see appointment status via SPA (Sales Professional Access)

Corporation Licenses & Appointments

- Licenses and appointments are required for both individuals and corporations in the following states:
 - GA, MA, MS, MT, NM, PA and VA
- Corporations licenses must be effective prior to the application sign date in the following states to receive overrides:
 - MT and VA
- *If these requirements are not met, compensation will be held on anyone in the hierarchy who is not properly licensed and appointed*

Producer Training/Certification

- While all products do not require training, please submit all producer training with the initial contracting request to ensure timely underwriting processes
- Note that AML (Anti Money Laundering) Training is only accepted through the following vendors:
 - LIMRA, RegEd, Sandi Kruse, Kaplan and WebCE

What Should You Expect Next?

- Producer Services will begin their review
- Request will be processed, and confirmation will be sent to the requesting marketer
- Timing could take as little as two days but up to ten, depending on the request type
- The producer and marketer will receive an email with their production number along with a link to SPA (Sales Professional Access) where they can access their Welcome Packet
- Confirmation emails will be sent for all requests types
- Once the welcome packet is received, the producer can log into SPA and get started!
 - MutualofOmaha.com/Broker

Producer Services Contact Information

Email: ContractsAndAppointments@mutualofomaha.com

Phone number: 1-800-867-6873

Version 6

Contract Information and Signature Form

Section 2

Business Information *(Only complete this section if contracting as an Incorporated Entity, Partnership or LLC)*

Name: _____ TIN: _____ - _____

Doing Business As: _____

Address: _____
P.O. Box Accepted City State Zip Code

Phone: _____ - _____ - _____ Email Address: _____

Principal Officer: _____

Contracting Selection *(Required for Corporation)*

☐ I have received, reviewed and agree to be bound by the Terms & Conditions of the **General Agent Agreement** with Omaha Health Insurance Company **(BMO171.006)**

Please retain a copy of the agreement for your files. A copy will not be returned to you.

Direct Deposit Information ***(Direct Deposit is required for General Agent Contracting - Not applicable for Special Agents)***

Financial Institution: _____

Routing Number: _____ Account Number: _____ Account Type _____ Checking _____ Savings _____

This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

W-9 Information

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Employer Identification Number _____ - _____

Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, 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. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

Sign Here	Signature of U.S. Person →	SIGN HERE	Date →
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****Please proceed to Section 3****

Section 3 - Contract Signature, Certification and Direct Deposit Authorization

By signing below:

- (a) you agree to be bound by the terms and conditions of the Agreement(s) selected,
- (b) you certify that the information that you have provided is true and correct and you agree that you will report immediately any event that would change any of the information, in any manner, which you have provided,
- (c) you agree to maintain your state insurance license in good standing, stay current with required continuing education, and obtain and maintain E&O coverage as required, and
- (d) if you have completed the **Direct Deposit section(s)** you authorize Omaha Health Insurance Company ("OHIC") to electronically credit the bank account and, if necessary, to electronically debit the account to correct erroneous credits. You understand that this authorization will remain in full force and effect until you notify Company that you wish to revoke this authorization.
- (e) Please review our Online Privacy Policy at www.mutualofomaha.com/legal-services. If you are a California resident, you may read about your privacy rights available to you in our "For California Residents Only" notice at www.mutualofomaha.com/legal-services/california-residents-only.

Producer Signature

Business Signature *(If Signing on the behalf of the Business)*

Name: _____
(Signature Required)

Name: _____

Date: _____

Title: _____
(Required)

*****Please proceed to the FCRA Authorization Form*****

Date: _____

DUE DILIGENCE REQUIREMENT

If “yes” answer was supplied in the “Background Information” section of the contract information signature form this section is **required** to move forward with contracting.

Due Diligence Information: Please attach any supporting documentation including explanation to aid in our final review.

Offense ID	Date of Offense	County of Offense	State of Offense	Offense/Conviction
Example	09/15/2020	Saunders	NE	Disorderly Conduct
1				
2				
3				
4				
5				
6				

YOUR AUTHORIZATION

By signing below, I authorize Omaha Health Insurance Company to obtain and use consumer reports about me in order to evaluate my eligibility to contract with Omaha Health Insurance Company as an insurance producer. If I am contracted with Omaha Health Insurance Company, my authorization will remain valid for as long as I am contracted, such that, to the extent permitted by applicable law, I agree that Omaha Health Insurance Company can procure additional consumer report(s) which may include criminal background checks, consumer credit reports and/or investigative consumer reports (as defined by federal law) without providing additional disclosures or obtaining additional authorizations.

California, Minnesota and Oklahoma. You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

☐ Yes, please provide me a copy of the consumer report.

For New York: You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

 SIGN HERE

Candidate Signature

Date

Print Name

Prescription Drug Plan

Doing Business/Next Steps

- Email will be sent advising that your status is pending until required training has been completed. Training must be completed for:

Compliance Requirement

- America's Health Insurance Plans (AHIP)
 - Or/ Medicare Compliance Training
- *Both are not required- completing one of these will cover the Compliance Requirement

AND

Product Training Requirement

- Prescription Drug Plan Module

The email will provide instructions to access training via our producer portal Sales Professional Access.

NOTE: Log on with your individual producer number to take the required training not your corporation production number. If you have taken AHIP with another carrier, you can transmit the results to us by accessing our AHIP link or email your certificate to contractsandappointments@mutualofomaha.com

- If not registered already for Sales Professional Access, you will need to register first.
 - Have your 7-digit Mutual of Omaha production number available (this was provided in the training email.) Note: If you have both an entity and your own personal production number to register, register the number of the entity first. You will then register your own personal production number.
 - Fill in your date of birth, read and accept the Terms and Conditions, then select the "Continue" button
 - Create your user name and password,
 - Answer three security questions, select a security image and create a security phrase, and Select "Sign Up".
- Once training has been completed and processing of the contract is completed, you will receive an email to access your Welcome Packet. Note: If contracting for upcoming plan year, Welcome Packets will not be sent until September timeframe.