

## Contracting & Appointment Instructions

In order to complete your contracting request, please complete the following contracting questionnaire. We will then input this information into our contracting system, SureLC, which will store your information and carrier contracting forms. In the future, as you contract with new carriers, this stored information will be used to complete contracting paperwork on your behalf, increasing speed and efficiency.

The vast majority of our carriers participate in this system but if you do not see a particular carrier with whom you want to contract, please contact our contracting department and we will email you the paperwork. Our complete contact information is provided at the bottom of this page.

Once the questionnaire has been completed, you will also need to complete and sign the Signature Page, Disclosure Release, and EFT Authorization. Signing and submitting the Signature Page and Disclosure Release authorizes Magellan to submit your information through our online licensing program. Signing the EFT Authorization allows for carriers to direct deposit your commissions.

Please submit the following documents to our office:

- 1) Completed Questionnaire
- 2) Signed Signature Page
- 3) Signed Disclosure Release Page
- 4) Completed EFT Authorization Page (be sure to attach a copy of a voided check to this page)
- 5) A copy of your individual and/or corporation state insurance license(s)
- 6) A copy of your E&O coverage

These documents and any questions about the program should be directed to the Contracting Department.

Licensing and Contracting Contact Information:

magellanhealth@magellanfinancial.com

For any other questions or inquires, please call 866-779-353 ext. 2402

## **Producer Set-Up Packet**

### **USE HIGH RESOLUTION SCANNER OR HIGH QUALITY FAX**

SSN#		Gender:	Date of Bir			
Email:			Resident	_		
			Lic.# & Sta	aie 		
Last Name:		First Name:			MI	
Phone:	Fax	x:	Cel	l:		
Title:	Marital Statu	ıs	Maiden N	ame:		
Driver's Lic#			DL	State:		
Residential Addre	ss (No PO Boxes	-	Date:			
Address:		City & State:	2	Zip code:		
Mailing Address (N	lo PO Boxes)	Sta	rt Date:			
Address:		City & State:		Zip code:		
Doing Business As	s: Individ	dual B	Business Entity		Solicitor/LOA	
Agent NPN #	Agent NPN # Agency NPN # (if applicable)					
If DBA Solicitor/LOA, I	ist who you are assi	igning commissions	s to:			
States to be appoint	ted in:					
Do you want comm	nissions to be adva	anced 12 mos?*	Yes	No		
*If fees are charged fo	r advancing, your spe	cific approval will be	requested			
	Complete the fol	llowing only if D	BA a Busines	s Entity:		
EIN:I	Business Name: _		Webs	ite:		
Your Title:	Phone:		Fax:			
Principal Name:		Principal Title:	[	Email:		
Company Type:	Corporation	Partnership	LLC	LLP		
Corporate Address (No PO Boxes)		St	art Date:			
Address:						



# 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

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of following seven boxes.  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership Trust/es	certain entities, not individuals; see instructions on page 3):
e. ons	single-member LLC	Exempt payee code (if any)
cti Ç	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	
Print or type. c Instruction	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LL another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL is disregarded from the owner should check the appropriate box for the tax classification of its owner.	_C is
cifi	Other (see instructions)	(Applies to accounts maintained outside the U.S.)
Spe		name and address (optional)
See		
0)	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	t I Taxpayer Identification Number (TIN)	
	your fire in appropriate box. The fire provided materials have given on the reduced	ial security number
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other so, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	
TIN, la		
	in the deceding to in more than one hame, eee the met detions for the 117 ties eee 777 at 74 and and	ployer identification number
Numb	er To Give the Requester for guidelines on whose number to enter.	-
Par	Certification	
Unde	penalties of perjury, I certify that:	
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a number to n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, longer subject to backup withholding; and	een notified by the Internal Revenue
3. I ar	n 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.

	or abandonment of secured property, cancellation of debt, contributions to an individual relationstand dividends, you are not required to sign the certification, but you must provide you	0 ( ), 0 ), 1 )
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*.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.