



Phoenix Health Plan (MAPD) Hierarchy Form

Purpose of This Form: To verify the working relationship between an agent and their direct upline agency to set up contracting and commissions accurately.

FMO Agency Name Western Asset Protection

Direct Upline Agency Name _____
Please Print (If working directly with WAP, please print Western Asset Protection)

Agent's Business or DBA Name _____
Please Print

Agent's First and Last Name _____
Please Print

Agent Signature _____

Date _____



Agent Information Form

Section 1: Personal Information

Mr./Ms./Mrs. AGENT First Name _____ Middle Name _____ Last Name _____

Nickname _____ Date of Birth _____

Social Security Number _____ Driver License Number _____

NPN Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Residential Address _____ City _____ State _____ Zip Code _____

Counties doing business in _____

Home Phone _____ Cell Phone _____

Business Phone _____ Fax Number _____

Phone Contact Preference Home Cell Phone Business Phone

Email Address _____ Business Website _____

Languages Spoken English Spanish Other _____

Specialties MAPD Med Supp Dual ACA Ancillary Products Life

Referred By _____

Section 2: Business Information (if applicable)

Business Name _____

Principal _____ Addl Officers _____

Business Address _____ City _____ State _____ Zip Code _____

Tax ID Number _____ Business NPN _____

Taxpayer Status Individual/Sole Proprietor Corporation LLC LLP DBA Other

****The Business Name is either formal or informal name you go by. There are certain requirements & restrictions per carrier if you want your commissions paid to your business. Contact a WAP Broker Service Specialist for details.*

Section 3: Licensure Information

1. In which state do you hold individual resident insurance license? Please attach a copy.

State _____ License Number _____

2. In which state do you hold your business resident insurance license? Please attach a copy.

State _____ License Number _____

3. Please mark the Lines of Authority for your current licensure:

Health Life Casualty Property Other

4. Please attach copies of both current individual and business licenses in other states.

5. Do you have Errors and Omissions Insurance (E&O)? Please attach a copy of both individual and business (if applicable).

Yes No

If yes, please provide the insurance carrier name and amount _____

6. Do you have current AHIP? Please attach a copy.

Yes No

7. Please attach a current W-9 for both individual and business (if applicable).

8. Please attach a current voided check for both individual and business (if applicable).

Agent Responsibilities:

- Inform WAP of any changes in your contact information, such as phone numbers, address, email address. WAP will direct agents on the correct process of updating contact information, but it is the agent's responsibility to update the carrier to any changes in contact information.
- Provide WAP with any updated basic documents, such as updated insurance license, E&O, W-9, AHIP.

Agent Signature _____

Date _____