

SPONSORING REPRESENTATIVE AGREEMENT

COMPLETE THIS SECTION IF YOU ARE AN INSURANCE AGENT

Sponsoring IBO #

New Rep. Social Security # --

First Name MI Last Name Male/Female

Mailing/Shipping Address (NO P.O. BOXES PLEASE) Apt.# or Suite #

City State Zip Applicant's Employer

Home Telephone # -- Work Telephone # -- Date of Birth --

COMPLETE THIS SECTION FOR AGENCIES OR THIRD PARTY ADMINISTRATORS

Sponsoring IBO #

EIN #

Business Name

Mailing/Shipping Address (NO P.O. BOXES PLEASE) Bldg. or Suite #

City State Zip Telephone # --

Key Contact Name

E-MAIL ADDRESS

DATE

SIGNATURE OF SPONSORING IBO

SIGNATURE OF NEW SPONSORING REPRESENTATIVE

A ONE-TIME \$20.00 REGISTRATION FEE IS REQUIRED WITH EACH APPLICATION.

CREDIT CARD:

Visa MasterCard

Discover American Express

Card # Expiration Date

SIGNATURE FOR CREDIT CARD

\$20.00 CHECK ENCLOSED

ONE-TIME REGISTRATION FEE \$20.00
(NON REFUNDABLE)

TOTAL AMOUNT \$20.00

ATTENTION

Only licensed insurance agents, agencies, and/or Third Party administrators (TPA) may become Sponsoring representatives for AmeriPlan®. **A copy of the above applicant's insurance license and/or a copy of the Third Party administrator (TPS) certificate must be attached to this agreement.** Sponsoring Representatives may only sign up members into the Plan.