

UHC Online Contracting Request Form:

If you are interested in contracting with UHC please fill out the information below.
Once we receive this form, we will send you an e-mail with a link to complete the contracting online. After you have completed the contracting, you will receive notification of your writing number via e-mail.

Please check the box below if you will be contracting as an individual or agency.

Individual

Agency

First Name: _____ Last Name: _____

SSN: _____ DOB: _____

Email Address: _____ NPN: _____

Address: _____

Resident State: _____ Non-Resident States Requesting: _____

Agency ONLY:

Name: _____ Principal Name: _____

Agency NPN: _____ Agency FEIN: _____

Please send both forms back to Senior Marketing Specialist via fax to 800-878-2025 or e-mail it to contracting@smsteam.net

Contracting Request 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?

UHC Disclaimer

Upon completing my United Healthcare contracting with Senior Marketing Specialists, I acknowledge that I have read and understand the following conditions:

1. I must complete product certification within 90 days of completing contracting to sell any United Healthcare product **including Medicare supplements**. If certifications are not completed during that timeline, I understand the contract will be closed and new contracting will be needed to sell in the future.
2. I must complete annual product certifications every year between July and December after my initial product certification to remain active and receive renewal commissions
3. I understand that I must place at least one sale of a Medicare Supplement, PDP, or MA plan with an effective date between July 1st through April 1st of the following year or I will be subject to an administrative fee of up to \$250 per agent per year. Note the following common exceptions to this policy:
 - Agents that enter servicing status effective no later than the last day of the evaluation period
 - Agents newly contracted on or after Dec. 1 of the current evaluation period, are excluded from their initial evaluation period; however, they will be included in the next annual evaluation period.

United HealthCare

Non-Resident Appointment Request Form

I, _____, understand that UHC charges non-resident licensing fees and that any necessary fees will be deducted from my commissions. By signing below, I am requesting that my non-resident license (s) be submitted to UHC for the state(s) of _____ and I authorize that they deduct _____ (see fee chart below) from my commissions.

Agent/Agency Name _____

Signature _____ 

Date _____

All fees will be deducted from your commission account immediately

State	Total Non Resident Appointment Fee	State	Total Non Resident Appointment Fee	State	Total Non Resident Appointment Fee
Alabama	\$160	Kentucky	\$200 for Individuals \$480 for Agencies	North Dakota	\$30
Alaska	\$0	Louisiana	\$30 for Individuals \$100 for Agencies	Ohio	\$75
Arizona	\$0	Maine	\$135	Oklahoma	\$150
Arkansas	\$0	Maryland	\$0	Oregon	\$0
California	\$32	Massachusetts	\$225	Pennsylvania	\$60
Colorado	\$0	Michigan	\$15	Rhode Island	\$0
Connecticut	\$300	Minnesota	\$60	South Carolina	\$0
DC	\$25	Mississippi	\$75	South Dakota	\$60
Delaware	\$150	Missouri	\$0	Tennessee	\$60
Florida	\$240	Montana	\$0	Texas	\$70
Georgia	\$48	Nebraska	\$56	Utah	\$0
Hawaii	\$0	Nevada	\$60	Vermont	\$360
Idaho	\$0	New Hampshire	\$125	Virginia	\$50
Illinois	\$0	New Jersey	\$100	Washington	\$40
Indiana	\$0	New Mexico	\$60	West Virginia	\$75
Iowa	\$108	New York	\$0	Wisconsin	\$90
Kansas	\$25	North Carolina	\$80	Wyoming	\$15

If applying as a corporation double fees may be required based upon state regulations

If you are transferring from another hierarchy and wish to have your active non-resident state appointments transferred, then you MUST complete this form. No fees will be charged to transfer existing state appointments but if the states are not requested, they will be terminated, and reappointment fees will be charged.

This is for reference use only. The fees can change depending on the state.

United HealthCare Non-Resident Renewal Fee Chart

State	Total Non Resident Appointment Fee	Frequency	State	Total Non Resident Appointment Fee	Frequency	State	Total Non Resident Renewal Fee	Frequency
Alabama	\$	Annually	Kentucky	\$200 for Individuals \$480 for Agencies	Odd Years	North Dakota	\$30	Annually
Alaska	\$0	N/A	Louisiana	\$20 for Individuals \$100 for Agencies	Annually	Ohio	\$75	Annually
Arizona	\$0	N/A	Maine	\$90	Biennially (Jan-June even year; July - Dec. odd year)	Oklahoma	\$150	Annually
Arkansas	\$0	N/A	Maryland	\$0	N/A	Oregon	\$0	N/A
California	\$0	N/A	Massachusetts	\$225	Annually	Pennsylvania	\$60	Annually
Colorado	\$0	N/A	Michigan	\$15	Annually	Rhode Island	\$0	N/A
Connecticut	\$200	Even Years	Minnesota	\$0	N/A	South Carolina	\$0	N/A
DC	\$25	Annually	Mississippi	\$75	Annually	South Dakota	\$60	Annually
Delaware	\$0	N/A	Missouri	\$0	N/A	Tennessee	\$0	N/A
Florida	\$240	Last day of the birth month (every 2 years)	Montana	\$0	N/A	Texas	\$0	N/A
Georgia	\$48	Annually	Nebraska	\$56	Annually	Utah	\$0	N/A
Hawaii	\$0	N/A	Nevada	\$60	Annually	Vermont	\$360	Odd Years
Idaho	\$0	N/A	New Hampshire	\$0	N/A	Virginia	\$50	Annually
Illinois	\$0	N/A	New Jersey	\$100	Annually	Washington	\$40	Admission Company Date
Indiana	\$0	N/A	New Mexico	\$60	Annually	West Virginia	\$75	Annually
Iowa	\$108	Annually	New York	\$0	N/A	Wisconsin	\$90	Annually
Kansas	\$25	Annually	North Carolina	\$80	Annually	Wyoming	\$15	Annually

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Revised 02-05-2021