

Agent Application

Sutter Health Plan

Please submit the following with this application:

- Legible copy of Agent's current California Life and Health License
- Sutter Health Plan 'Compliance, Privacy and Fraud, Waste and Abuse' training completion verification
- Signed and dated Agent Agreement*
- Signed and dated Business Associate Agreement*
- Proof of Errors and Omissions Insurance Coverage*
- W9 Form*



Email your completed form to:
shpserviceteam@sutterhealth.org

* Required for Independent Agents with commissions paid to themselves

Section A – Applicant Information

Section A1 – Applicant Type

Agent with commissions paid to the agency

Independent agent or sub-agent with commissions paid to themselves

Section A2 – Agent Information

Last Name	First Name	MI
Work Phone	Other Phone	Email
Work Address	City	State ZIP

Section A3 – Agency Information

Agency Name				
Agency Mailing Address	Same as work address	City	State	ZIP

Section B – Agent License Information

License Type	State of Issue	License #
Issue Date	Expiration Date	Name on License

Section C – Errors and Omissions Insurance (Required for independent agents)

Name of Carrier

Expiration Date

Specific Amount (minimum \$1 million)

Aggregate Amount (minimum \$1 million)

Section D – Commissions (Please check one of the boxes and complete the corresponding information below)

Commissions Payable to Agency

Agency Name

Agency Tax ID

Agency License #

Commissions Payable to Individual Agent

Individual Name

Social Security #