

Licensing Checklist

Stephens-Matthews Marketing, Inc

Please complete and provide all documents listed below. Processing of your contract cannot begin without all items.

- ☐ Contract Request Form
- ☐ EFT Documentation
 - ☐ EFT Form
 - ☐ Pre-printed Void Check or Bank Letter
 - ☐ W-9
 - ☐ Assignment of Commissions Document required if commissions will be payable to your agency or upline.
- ☐ Proof of E&O
- ☐ FFM or State Equivalent Certification (ACA only)
- ☐ AHIP (Medicare Advantage only)
- ☐ Referred by: _____

Agent Signature

Signature Date



www.stephens-matthews.com



Stephens-Matthews Marketing, Inc

Short Term Medical Request for Online eContract

This is not a Contract

Agent First Name: _____ <i>Exactly as it appears on your license.</i>	Agent Last Name: _____ <i>Exactly as it appears on your license.</i>
Address: _____ <i>Mailing: PO Box or Street Address</i>	National Producer Number (NPN): _____
_____	Social Security Number: _____
<i>City, State and Zip</i>	
Resident County: _____	Date of Birth: _____
Resident State: _____	Phone Number: _____
Email Address: _____	
Non Resident State(s): _____	
Agency Name: _____	

Indicate Carriers you wish to appoint with Stephens-Matthews:

- | | |
|--|--|
| ☐ Allstate | Link from: natgencontracting-noreply@ngic.com |
| ☐ Pivot | Link from: jessica@stephens-matthews.com or
sunny@stephens-matthews.com |
| <i>If preferred, a paper contract is available for Pivot only.</i> | |
| ☐ United Health One | Link from: uhceserv_invite@uhc.com |

Return your completed documents via:

Email: jessica@stephens-matthews.com
Fax: 1-888-984-2614

Questions may be directed to our contracting department:

Jessica	1-800-544-8250 x 20908	jessica@stephens-matthews.com
Sunny	1-800-544-8250 x 20904	sunny@stephens-matthews.com



www.stephens-matthews.com

Beverly, OH 45715

www.stephens-matthews.com

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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.

Sign Here	Signature of U.S. person ►	Date ►
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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.

Department of Stephens-Matthews Commissions

1-800-544-8250

PO Box 1208

605 Center St

Beverly, OH 45715

Agent Assignment of Commission Form

To: Stephens-Matthews Marketing, and/or any other affiliated company (collectively, “the company”).

If and when I am owed compensation because I have sold or secured the sale of an insurance product of the Company or for any reason, I (the undersigned “Assignor”) do not wish to receive that compensation, but instead assign to, and direct the Company to pay it to, the person or entity I have written below as Assignee per my instructions below:

Assignee Name: Person or Entity to be paid

Social Security or Tax ID Number

Assignor Signature

Date Signed

Assignor Printed Name

Social Security or Tax ID Number

Return your completed document via:

Email: meagan@stephens-matthews.com

Fax: 1-888-984-2614



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