

Getting Appointed with CCHP

Congratulations on taking the first step to being appointed with CCHP. Here is a helpful checklist to help make the appointment process easy and help get you started with your first enrollment! To complete the process, follow these simple steps:

1) Accept the terms of the attached Broker Agreement and Business Associate Agreement

- Sign page 13 of the Broker Agreement
- Sign page 10 of the Business Associate Agreement

2) Send a Copy of your License

- Provide a copy of your current California Life Agent License (must include both Life-only and Accident and Health).
- Agent license must be in “good standing” with CA Department of Insurance (not expiring within 30 days) and without restrictions or pending hearing or disciplinary action.

3) Send a Copy of your E&O Policy and IRS W-9 Form

- Provide a copy of your Errors and Omissions certificate with a minimum specific amount of \$1,000,000 and \$1,000,000 aggregate amounts.
- Policy must be valid at time of submission and agent applicant must be named in the certificate.
- If assistance is needed to acquire or update your E&O policy, please contact CCHP Broker Services Department at (628) 228-3283.
- Complete and sign the attached W9 form.

4) Once completed, return your forms:

Mail, Fax or E-mail:

**Chinese Community Health Plan
Broker Services – New Appointments Dept.
445 Grant Avenue, Suite 700
San Francisco, CA 94108**

**Fax: 415-955-8819 Toll Free Fax: 1-888-551-2247
Email: brokers@cchphealthplan.com**



Broker Application

Welcome to CCHP: To complete the Broker Appointment Application, complete and sign the following.
BROKER: Please keep a copy for your records prior to sending to CCHP for processing. Please print clearly.

Individual / Solo Proprietor Corporation Partnership Others _____

Company Name (if applicable): _____ Tax ID or SSN#: _____

Broker Name: _____ Title: _____

Business Tel: _____ Cell: _____

Email: _____ Fax: _____

CA Driver License Number: _____ Date of Birth: _____

CA Agent License Number: _____ Expiration Date: _____

Company License Number (if applicable): _____ Expiration Date: _____

Covered CA Certification ID#: _____ Expiration Date: _____

E & O Carrier: _____

Policy Number: _____ Expiration Date: _____

Additional Contact Name: _____ Title: _____

Email: _____ Telephone: _____

Company Address: _____

Payment Address: _____

W9 (Tax Return) Address: _____

Commission Check should be made payable to: _____

I certify under the penalty of perjury of California law that the foregoing statements are true and correct.

Signature

Please Print Name

Date

CCHP SECTION – ADMINISTRATIVE USE ONLY

E&O Provider:		Validated By:	
CCHP Processor/Supervisor:		Date Processed:	