Getting Appointed with CCHP

Congratulations on taking the first step to becoming 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 14 of the Broker Agreement
- Sign page 1, 8 and 9 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 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:

CCHP
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

Balance by CCHP

CCHP Health Plan

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 / Sole Proprietor** ☐ **Corporation** ☐ **Partnership** ☐ **Others** _____

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

Broker Name: _____ **Nat Prod # (NPN):** _____

Title: _____ **Tele:** _____

Email: _____ **Cell:** _____

Website: _____ **Fax:** _____

CA Driver License #: _____ **Date of Birth:** _____

CA Agent License #: _____ **Expiration Date:** _____

Company License # (if applicable): _____ **Expiration Date:** _____

Covered CA Certification ID#: _____ **Expiration Date:** _____

E & O Carrier: _____ **Policy #:** _____

Expiration Date: _____

Additional Contact Name: _____ **Title:** _____

Email: _____ **Tele:** _____

Company Address: _____

Payment Address: _____

W9 (Tax Return) Address: _____

Commission Check should be made payable to: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____ _____

Signature **Please Print Name** **Date**

CCHP ADMINISTRATIVE USE ONLY			
E&O Provider:		**Validated By:**	
Processor/Supervisor:		**Date Processed:**	