

AGENCY

**US HEALTH AND LIFE INSURANCE COMPANY
AGENCY APPOINTMENT**

(Complete a SEPARATE form for each AGENCY)

AGENCY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____

TAX IDENTIFICATION NO.: _____ -- _____

The Agency assigns commission to:

(Must be an agent or agency contracted with US Health and Life)

Name: _____

Address: _____

ASSIGNEE'S TAX ID No.: _____

The Agency does not assign its commission.

Send correspondence to: (if different from Street Address.):

MAILING ADDRESS: _____

The Agency's General Agent is: _____

REMARKS: _____

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