

AGENT

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

(Complete a SEPARATE form for each AGENT)

AGENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____

TAX IDENTIFICATION NO.: _____

The AGENT assigns commission to:

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

Name: _____

Address: _____

ASSIGNEE'S TAX ID No.: _____

The AGENT does not assign its commission.

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

MAILING ADDRESS: _____

The AGENT'S General Agent is: _____

REMARKS: _____

PPO Insurance plans underwritten by US Health and Life Insurance Company, Inc.
SafeGuard plans administered by US Health and Life Insurance Company, Inc.
Copyright 2016 US Health and Life Insurance Company, Inc. All rights reserved.