



US Health and Life
US HEALTH AND LIFE INSURANCE COMPANY



AGENCY

US HEALTH AND LIFE INSURANCE COMPANY AGENCY APPOINTMENT

Complete a SEPARATE form for each AGENCY

Agency Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

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.

If different from street address, send correspondence to:

Mailing Address: _____

The Agency's General Agent is: _____

Remarks: _____

Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company. SafeGuard plans administered by US Health and Life Insurance Company. © US Health and Life Insurance Company. All rights reserved.