



US Health and Life
US HEALTH AND LIFE INSURANCE COMPANY



AGENT

US HEALTH AND LIFE INSURANCE COMPANY AGENT APPOINTMENT

Complete a SEPARATE form for each AGENT

Agent Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

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.

If different from street address, send correspondence to:

Mailing Address: _____

The agent'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