



**Aetna Health and Life Insurance Company**  
**American Continental Insurance Company**  
**Continental Life Insurance Company of Brentwood, Tennessee**

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# Producer Information And Appointment Form (PIF)

from Aetna Health and Life Insurance Company (AHLIC),  
 American Continental Insurance Company (ACI), and  
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 9

- **Please print clearly** completing all fields using blue or black ink, and **initial any corrections**.
- If completing electronically, fill in all blue highlighted areas. When complete, print form, sign, and return.
- Keep a copy of this form for your records.

## 1. Form purpose

Select all that apply.

- Initial Appointment/Additional Company Appointment** *Complete all sections.*
- Additional State Appointment with Current Companies** *Complete the appropriate Sections 2-4 and sign and date Section 9.*
- EFT Setup** *Complete Sections 2, 3 and 8 and sign Section 9 in order to authorize payments.*
- Hierarchy Change** *Complete Section 10.*

## 2. Individual applicant appointment information

### Entity *Select all that apply*

- Aetna Health and Life Insurance Company (AHLIC)
- American Continental Insurance Company (ACI)
- Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Name *First, Middle, Last, Suffix (As it appears on your Resident License)*

.....

Social Security Number (SSN)                      National Producer Number (NPN)

.....

Date of birth    Gender

.....     Female                       Male

Residential address *(Not a P.O. Box )*

.....

City    State    Zip

.....

Business address *(P.O. Box accepted)*

.....

City    State    Zip

.....

Preferred phone                                      Secondary phone                                      Fax

.....

Preferred mailing address *Select one*      E-mail address

Residential                       Business                      .....

Previous names *List all other names or aliases you have used in the last 7 years*

.....

Attach a separate sheet if more space is required for additional names.

## 3. Incorporated Entity, Partnership or LLC appointment information



Proceed to Section 4 if you are not Incorporated, a Partnership, or LLC.

Appointment type entity *Select one*

- Partnership                       LLC                                       Incorporated Entity

Officer should complete Section 3.

Entity name *As it appears on your Domicile State License*                      Tax Identification Number (TIN)

.....

Entity address

.....

City    State    Zip

.....

Entity phone    Entity fax

.....

Website address                                      E-mail address

.....

# Producer Information And Appointment Form (PIF)

Page 2 of 9

## 4. Appointment states requested



Attach applicable licenses for states listed.

Resident license state

Non-resident state(s) where appointment is requested

.....

Counties in which appointment is requested (*Florida only*)

.....

## 5. Business practices questions

If you answer “Yes” to any of these questions, provide details in the corresponding fields of Section 6.

If completing for an officer and entity, indicate details for yes answers for each as appropriate.

	Individual/Officer		Entity	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the past ten years, has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are there any unsatisfied judgments, garnishments or liens against you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are you in debt to any insurance company?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you ever been convicted of, or pled guilty or no contest to any felony or misdemeanor other than a minor traffic offense?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Are you currently a party to any litigation or a subject of any investigation(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Have you ever had an appointment with another insurance company denied or terminated for cause?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If the answer to all questions is “No,” you do not need to complete Section 6. Please proceed to Section 7.

# Producer Information And Appointment Form (PIF)

Page 3 of 9

## 6. Business practices details



If you answered "Yes" to any of the questions in Section 5, provide details for the corresponding question(s) only. Attach a separate sheet with question number and details if more space is required for additional information.

---

### Question 1: Insurance or securities license denied, suspended, cancelled or revoked

Month and year

Action taken and reasons

•

•

Your account of the circumstances leading to the situation

•

•

---

### Question 2: Sanction, censure, penalty or other action against you by regulatory body

Month and year

Action taken and reasons

•

•

Nature of the activity resulting in the fine or disciplinary action

•

Your account of the circumstances leading to the situation

•

•

---

### Question 3: Complaint, fine, sanction, censure, penalty or other disciplinary action against you for violation of any state, federal or self-regulatory agency regulations or statutes

Month and year

Amount of the fine and/or specific disciplinary action taken

•

•

Nature of the activity resulting in the fine or disciplinary action

•

Your account of the circumstances leading to the situation

•

•

---

### Question 4: Bond denied, paid on or revoked for you by bonding or surety company

Month and year

Reason for denial, payment or revocation

•

•

Your account of the circumstances leading to the situation

•

•

Amount of the payment

\$

# Producer Information And Appointment Form (PIF)

Page 4 of 9

## 6. Business practices details (continued)

### Question 5: Coverage denied, paid claims on, or cancelled by any E&O carrier

Month and year

Nature of the circumstances resulting in the claim

.

.

Disposition of the claim

.

Amount claimed

Amount paid by E&O carrier *If any*

\$

\$

Your account of the circumstances leading to the situation

.

.

### Question 6: Filing of personal bankruptcy petition or declared bankruptcy in past 10 years

Date of discharge *mm/dd/yyyy*

#### For Chapter 7, 11 and 12

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)

.

.

Provide type of business and role/relationship in the business *If result of business failure*

.

Amount discharged

Average annual income for the last two years

\$

\$

**For any outstanding obligations not discharged in bankruptcy, (i.e., taxes, mortgage, car, etc.) provide:**

Amount

Explanation of obligation

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

Current balance

\$

.

\$

#### For Chapter 13

Date of filing *mm/dd/yyyy*

Date of discharge *mm/dd/yyyy*

.

.

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)

.

Provide type of business and role/relationship in the business *If result of business failure*

.

.

If payments are still being made please provide.

Amount

Frequency *i.e., weekly, monthly, etc.*

\$

Projected completion date *mm/dd/yyyy*

Current balance

.

\$

Average annual income for the last two years

\$

# Producer Information And Appointment Form (PIF)

Page 5 of 9

## 6. Business practices details (continued)

### Question 7: Bankruptcy petition or declaration filed by any insurance or securities brokerage firm with whom you have been associated (either during your association or within 5 years after termination of such association)

Approximate filing date *mm/dd/yyyy*      Your position with company

•

#### If you are an officer of the company or directly involved with circumstances leading to filing, please provide:

Reason for filing

•

Your specific involvement

•

### Question 8: Unsatisfied judgments, garnishments or liens against you

Month and year

#### Judgments/garnishments

Reason the judgment/garnishment was obtained and your specific involvement

•

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

Original amount of the judgment/garnishment

\$

Outstanding amount of the judgment/garnishment

\$

Average annual income for the last two years

\$

#### Liens

Name of company placing lien

State

Month and year

•

Reason for the lien and your specific involvement

•

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

•

Projected completion date *mm/dd/yyyy*

•

Average annual income for the last two years

\$

### Question 9: Debt to any insurance company

Month and year debt began

Name of insurance company(ies)

•

Reason for the debt and your account of the situation

•

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

•

Projected completion date *mm/dd/yyyy*

•

Average annual income for the last two years

\$

# Producer Information And Appointment Form (PIF)

Page 6 of 9

## 6. Business practices details (continued)

**Question 10: Any conviction of, or guilty plea or no contest to, a felony or misdemeanor other than minor traffic offense**

Month and year

Description of the conviction or plea and your account of circumstances leading to the situation

•

•

Type of conviction *Misdemeanor or felony*

•

Final disposition *Fine, probation, jail, etc.*

Have all requirements been satisfied?

Yes

No

•

Statute violated

•

City/county and state where violation occurred

•

**Question 11: Party to any litigation or a subject of any investigation(s)**

Month and year litigation began

**Litigation**

Circumstances surrounding the litigation *Including your account of the situation*

•

•

How are you directly involved in the litigation?

•

•

Amount of damages claimed

\$

Current status

•

**Investigation**

Month and year investigation began

Name and jurisdiction of investigating entity

•

Circumstances surrounding the investigation *Including your account of the situation*

•

•

Current status

•

•

**Question 12: Appointment with any insurance company denied or terminated for cause**

Description of the denial/termination, including name of insurer, and your account of circumstances leading to the situation

•

•

•

•

# Producer Information And Appointment Form (PIF)

Page 7 of 9

## 7. Disclosure of Intent to Obtain Consumer Reports

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Please review and print for your records the Disclosure of Intent to Obtain Consumer Reports.

This is to advise you that Aetna Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of Aetna Inc., or one or more of its affiliates. If requested, the report may be obtained from one of the investigative consumer-reporting agencies named below or another investigative consumer-reporting agency:

Business Information Group, Inc.  
P. O. Box 130  
Southampton, PA 18966  
800 260.1680

Equifax Credit Information Services, Inc.  
P. O. Box 740241  
Atlanta, GA 30374  
800 685.1111

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, we will automatically instruct the consumer reporting agency to send you a copy of the report at no charge.

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

### For California Resident Agents Only

Pursuant to the California Investigative Consumer Reporting Agencies Act, Aetna Inc. is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
1. In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  2. By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer-reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

# Producer Information And Appointment Form (PIF)

## 8. Electronic funds transfer (EFT) Complete this section to authorize automatic electronic transfer of commission payments

You must sign on the signature line at the bottom of this page to authorize and receive commission payments via EFT. Sections 2 and 3 must be completed.

If completing this section for an officer and an entity, the EFT authorization will apply to the entity.

You may either attach a voided bank check or complete all information in this section as it appears on your check.

This is an example of a personal check. A business check may be different.

Institution name for deposit

.....

Routing number

.....

Account number

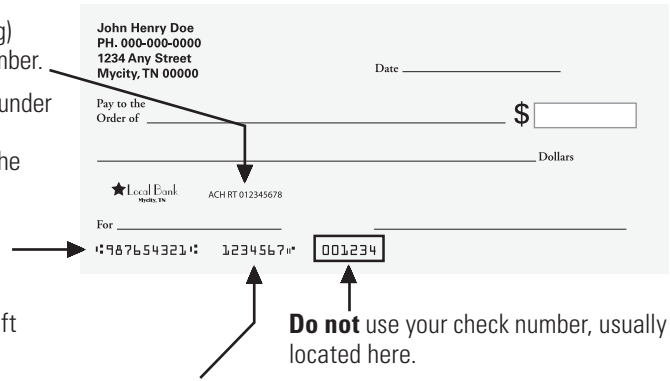
.....

### To find the routing and account numbers

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For all other checks, use the nine-character routing number, which appears between the **Ⓜ** symbols, usually at the bottom left corner of the check.



The account number is up to 17 characters long and appears next to the **Ⓜ** symbol at the bottom of the check and usually to the right of the bank routing number.

## 9. Acknowledgment and signature

The Aetna Inc. companies listed at the top of page 1 are referred to as "us," "our" and "we" in this section.

The appointment applicant is referred to as "you" and "your" in this section.

When submitting for an officer and an entity, this acknowledgement applies for both.

By signing below, you

- Certify that you have read, understood, and agree to comply with all provisions contained in your producer contract, Commission Advance Addendum, and/or Contract Addendum Final Expense Life Insurance, as applicable, which may be downloaded and printed at: [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com) (Prospective Agent). You may also request a copy by calling 800 264.4000 option 3, 5.
- Agree to accept official correspondence from the Company electronically, using your last e-mail address known to the Company. You further agree to notify the Company if you change your e-mail address and/or if you can no longer accept electronic communications.
- Acknowledge that you have received and read the 'Disclosure of Intent to Obtain Consumer Reports' and consent and authorize Aetna Inc. and its affiliates to obtain additional background information, as we deem necessary, through independent investigation, FINRA CRD reports and/or through an investigative consumer reporting agency (consumer reporting agencies including but not limited to those identified in the 'Disclosure of Intent to Obtain Consumer Reports') consumer report (collectively, 'background reports').
- Authorize us to share the information contained in this PIF or any other information that we may obtain, including background reports, with our affiliates for the purposes of establishing your eligibility and/or continuing eligibility for appointment with us and our affiliates as well as any other disclosure required by law.
- Authorize your employers and other insurance companies you are or have been appointed with to release any and all information that they may have about you, personal or otherwise, to us and you release all such parties from all liability that may result from furnishing this information.
- Understand and agree that your appointment will, in part be based upon this PIF and the background report information and that any information that you provide that is inaccurate or incomplete shall be grounds for termination of your appointment.
- Acknowledge that you have read, understood and agree to comply with the **Guide to Ethical Market Conduct** and the **Multipurpose Confidentiality Addendum and Producer Conduct Rule** at [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com) (Prospective Agent). You may also request a copy by calling 800 264.4000 option 3, 5.
- If applicable, authorize the selected Aetna Inc. company(ies) to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10 days written notice of our intention to terminate EFT.

You also certify under penalty of perjury that the information provided herein is accurate and complete.

**Signature**

**Title** Required if signing for an entity

**Date**

X

.....

**⚠ You must sign here in order for us to process your appointment, and EFT if applicable.**



# Producer Information And Appointment Form (PIF)

Page 9 of 9

## 10. Appointing company and hierarchy information

You may be appointed to sell only those products for which your firm or agency is contracted.

Writing Agent name	Phone	Date
•	•	•

### This form was completed by someone other than the Writing Agent

Name	Phone	Date
•	•	•

Provide rate level for all product lines for which you are requesting appointment.

### Producer's commission rate level

	Medicare Supplement	Health Insurance	Final Expense
Aetna Health and Life Insurance Company	•	• n/a	Final Expense separate forms required
American Continental Insurance Company	•	• n/a	
Continental Life Insurance Company of Brentwood, Tennessee	•	•	



For Final Expense, complete separate Contract Addendum and Hierarchy forms.

Please list all members of this Writing Agent's hierarchy beginning with the lowest level.

Producer name or company name	Writing code
Intermediary	•
Intermediary	•
Intermediary	•
Managing General Agent	•