

# Personal Data Sheet



**Instructions:**

1. Complete all sections of the Personal Data Sheet. **A form will need to be completed for each individual or corporation who will receive commissions.**
2. Attach a copy of your current resident license. Attach a copy of any non-resident license in which you are requesting appointment. If commissions are to be paid to a corporation, include a copy of both the individual and corporate license.
3. Send completed Personal Data Sheet, state required form, if any, and copy of current license to appropriate Anthem affiliate.

For Office Use Only	
Producer number	Other

**Applicant Information**

Agent name	Social Security number	Date of birth	
Business address	City	State	ZIP code
Business county	Business phone number (include area code)		
Business fax number (include area code)	Currently licensed to sell life business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list resident state	
Currently licensed to sell health business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list resident state		
Resident address	City	State	ZIP code
E:mail address	Resident county	Resident phone (include area code)	

1. Have you ever been known by any name other than that noted as agent name? <i>If yes, please list on back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your primary source of income from Life & Health Insurance Sales? <i>If no, explain on back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you now working full time in the insurance business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been fined, censured or reprimanded by any insurance regulatory body? <i>If yes, explain fully, including the date, state and nature of the infraction on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has your agent license ever been suspended or revoked by any insurance regulatory body? <i>If yes, explain fully, including the date, state and why on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been named as party to a lawsuit as a result of a policy of insurance you sold or has any company you sold been named in a lawsuit as a result of a policy you sold? <i>If yes, give complete details, including the outcome of the suit on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has a customer ever filed a complaint against you with any insurance regulatory body? <i>If Yes, please list state, nature of complaint and what the eventual outcome was on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been required to submit a statement to any insurance regulatory body or any insurance Company regarding your sale of insurance to a particular individual? <i>If yes, how many times? _____ List details on the back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. How many years have you been in the insurance business? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever filed for or been declared bankrupt or insolvent, either personally or in business? <i>If yes, please list date and explanation on back of the form.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever been convicted of a crime under 18 U.S.C. 1033 involving fraud and/or dishonesty in the sale of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been convicted of a felony or misdemeanor under any other federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been convicted of a felony or misdemeanor in any state court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you carry an Errors & Omissions Policy? <i>If yes, list policy number: _____</i> Carrier's name and phone number: _____ Limit of Liability: Per occurrence: _____ and Per Aggregate: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does any Insurance Company claim you owe any balance of commissions or premium? <i>If yes, list companies and amounts: _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If commissions are to be paid to a firm or corporation, please complete information below. (Also complete PDS for principal officer.)**

Corporation name	
IRS number	Is corporation currently licensed? <i>If yes, attach a copy of license.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

(Please complete reverse side)



**Important Notice To Applicant: You MUST sign and date this notice prior to appointment approval.**

I agree to comply with all the regulations of Anthem Blue Cross and Blue Shield, Anthem Life Insurance Companies and the Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Anthem Blue Cross and Blue Shield and Anthem Life Insurance Companies will run a routine inspection to provide information concerning my general reputation, personal characteristics and mode of living in connection with my application to act as one of their representatives. This report may be obtained through personal interviews with third parties such as family members, business associates, financial resources, friends, neighbors or others that I am associated with.

I certify that I have read and understand the above information and that all answers to the above questions are true and correct.

<b>Signature of applicant</b>	<b>Date</b>
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**Additional Information**

Please provide information as to your employment and/or companies represented during the last five (5) year period. Begin with the current or most recent employer and chronologically cover past five (5) year period. If additional space is needed, please use blank space provided on this form.

<b>1. Employer name</b>			<b>Address</b>
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Phone number (include area code)</b>
<b>Dates of employment From: To:</b>			<b>Position(s) held</b>
<b>2. Employer name</b>			<b>Address</b>
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Phone number (include area code)</b>
<b>Dates of employment From: To:</b>			<b>Position(s) held</b>
<b>3. Employer name</b>			<b>Address</b>
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Phone number (include area code)</b>
<b>Dates of employment From: To:</b>			<b>Position(s) held</b>
<b>4. Employer name</b>			<b>Address</b>
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Phone number (include area code)</b>
<b>Dates of employment From: To:</b>			<b>Position(s) held</b>

**List other companies you currently represent.**

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP code</b>
<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP code</b>
<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP code</b>
<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP code</b>

**Space for explanation of questions 1 – 15.**

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**Assignment of Commissions (Applicable states only)**

I, \_\_\_\_\_ do hereby request that any and all commissions due and owing to me from Anthem Blue Cross and Blue Shield and/or Anthem Life Insurance Company to be paid to \_\_\_\_\_ of \_\_\_\_\_ Address \_\_\_\_\_.

<b>Signature of agent</b>	<b>Date</b>
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**Signatory Verification**

The undersigned has reviewed the attached application(s) for licensing/appointment from the above and attests to its truthfulness. A copy of the agent/agency license is attached.

<b>Signature of Broker/Agency Principal</b>	<b>Date</b>
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