

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 Anthem Life & Disability Insurance Company.

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)	
Resident address		City	State ZIP code
Email address		Resident County	Resident phone (include area code)
Currently licensed to sell life business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list resident state	
1. Have you ever been known by any name other than that noted as agent name? <i>If yes, please list on back of this 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 this 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 this 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 this 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 this 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 the eventual outcome on the back of this 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 this form</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. How many years have you been in the insurance business? _____			
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 the back of this 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?		<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. <i>Do you carry an Errors & Omissions Policy?</i> If yes, list policy number _____ Carrier's name and phone number _____ Limit of Liability: Per occurrence _____ 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 the companies and the amounts _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If commissions are to be paid to a firm or corporation, please complete the information below. (Also complete a PDS for the principal officer.)			
Corporation name			
IRS number		Is the corporation currently licensed? <i>If yes, attach a copy of the license.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Life & Disability Insurance Company (Anthem Life) and the state Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Anthem Life 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 all answers to the above questions are true and correct.			
Signature of applicant			Date

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 the past five (5) year period. If additional space is needed, please use the blank space provided on this form.

Employer Name		Address		
City	State	ZIP Code	Phone Number <i>(include area code)</i>	
Dates of employment From: _____ To: _____		Position(s) held		
Employer Name		Address		
City	State	ZIP Code	Phone Number <i>(include area code)</i>	
Dates of employment From: _____ To: _____		Position(s) held		
Employer Name		Address		
City	State	ZIP Code	Phone Number <i>(include area code)</i>	
Dates of employment From: _____ To: _____		Position(s) held		
Employer Name		Address		
City	State	ZIP Code	Phone Number <i>(include area code)</i>	
Dates of employment From: _____ To: _____		Position(s) held		

List other companies you currently represent.

Name	Address	City	State	ZIP Code

Space for explanation of questions 1 – 15.

Assignment of Commissions (Applicable states only)

I, _____, do hereby request that any and all commissions due and owing to me from Anthem Life & Disability Insurance Company be paid to _____ of _____.

Name of Agency Address