

NEW AGENT SETUP WORKSHEET

AGENT SPECIFIC INFORMATION

Name (Last, First Middle)

Address (Street)

Address (City, State, and Zip)

Agent Code
(last 6 digits of SSN)

Phone # (C)

Phone # (W)

Email Address

Username

AGENT UNDERSTANDS

By signing the below I acknowledge the following:

1. That TPA Processing will act as a Third Party Administrator (TPA) for any ALLOTMENT WORKSHEETS submitted by the above identified agent.
2. The above mentioned forms may be faxed, emailed, or mailed to TPA Processing.
3. I understand that I will have access to the TPA Processing Internet website in which I may set and modify certain aspects of my user profile. (www.tpaprocessing.com)
4. I understand that I have no formal affiliation with TPA Processing and will not be solicited to represent them.
5. I also authorize TPA Processing to distribute the amounts indicated on the clients ALLOTMENT WORKSHEET.
6. I understand that any insurance coverage will only be effective upon the date of coverage stated on the respective policy(s) and after premium money has been collected and applied by the insurance carrier.
7. I further understand that if the employer fails to deduct the required payments, whether intentional, inadvertently or otherwise, TPA Processing shall have no liability whatsoever with respect thereto even though such failure may results in the forfeiture of any and all insurance commissions.

SIGNATURE

Agent Signature

Date / /200

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NEW AGENT SETUP WORKSHEET (CONTINUATION)

AGENT INFORMATION

Name (Last, First Middle)

Agent Code
(last 6 digits of SSN)

Username

AGENT FURTHER UNDERSTANDS

Please initial each item:

In regard to the TPA Processing worksheet:

_____ I must ensure **all** blocks of information are completed on the TPA Processing worksheet.

_____ I will ensure my personal data is kept current on the TPA Processing website.

_____ It is my **personal** responsibility to email, fax, or mail the appropriate TPA Processing worksheet to TPA Processing. Further, I understand I must ensure the TPA Processing worksheet is submitted as quickly as possible to TPA Processing.

In regard to the Card of America option:

_____ This option is **exclusively** for use by TPA Processing clients ONLY.

_____ Failure to **act responsibly** will result in revocation of this agent option and benefit.

When complete Fax to (707) 516-1429 or email to allotments@tpaprocessing.com