



CONTRACT

How to complete Online Contracting with Aetna:

1. Go to:
<http://www.aetna.com/insurance-producer/producer-network.html>
2. Complete Application
3. Do not fill in the W-9 form (leave blank)
4. Comment Sections – in this section state that the commissions are to be paid to Healthy America.
5. Assignment of Commissions form (see attached) needs to be signed by the agent and sent back to Healthy America to complete. (Fax to 817-335-1270 or 817-332-6234).
6. Submit.

Licensing will now only be completed online.



ASSIGNMENT OF COMMISSIONS

For VALUE RECEIVED, I, _____, _____
(Assignor Name) SSN

hereby IRREVOCABLY assign to:

_____ Healthy America Insurance Agency, Inc. _____
(Assignee Name) (Taxpayer Account No)

his/her heirs, executors, administrators and assigns all my right, title and interest in and to all of the sales and servicing commissions which are due as of the month following receipt by the Commission Unit of Aetna, Inc. and/or it affiliates ("Aetna") or which will become due to me thereafter from Aetna as specified in the commission agreement(s) now or hereafter in effect under the following policies or on any and all policies issued in replacement thereof:

<u>NUMBER(s)</u>	NAME OF	<u>NUMBER(s)</u>	NAME OF
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The signature to this instrument is a warranty that the assignor is legally capable of executing it and that no proceedings in insolvency or bankruptcy have been instituted by or against the assignor.

By signing below, the assignee certifies to Aetna (1) that the assignor is a true employee of the assignee (or that the assignor is a partner of the assignee if the assignee is a partnership), (2) that the assignor is required to assign all commissions to the assignee as a condition of employment and (3) that because of such relationship, it is appropriate for Aetna to report such commissions for tax purposes as income of the assignee.

Signed at _____ on _____
(City) (State) (Date)

(Signature of Assignor)

(Signature of Witness)

(Signature of Assignee Representative)

(Printed Name/Title of Assignee Representative)

AETNA DOES NOT ASSUME RESPONSIBILITY FOR THE VALIDITY OR SUFFICIENCY OF AN ASSIGNMENT. ANY CHANGE IN THE TERMS OF THIS ASSIGNMENT MUST BE AGREED TO IN WRITING BY BOTH ASSIGNOR AND ASSIGNEE.

MAIL ASSIGNMENT OF COMMISSIONS

Aetna
ATTN: External Producer Compensation
980 Jolly Road, U11E
P O Box 1167
Blue Bell, PA 19422