



# Request for Agent Appointment

Fax: (402) 965-2175

To: Marketing Administration

Date: \_\_\_\_\_

Re: (Agent Name) \_\_\_\_\_

## LICENSING CHECKLIST

**Important: Please sign all materials, stamped signatures are not acceptable.**

**APPLICATION FOR CONTRACT**

Fill in all portions of both pages of the Application for Contract. Date and Sign the *Agent applicant Signature* line.

**SPECIAL AGENT'S AGREEMENT LIFE AND HEALTH INSURANCE**

Sign on the *Agent* signature line on the second page of the agreement.

**ASSIGNMENT OF COMMISSIONS AND SERVICE FEES (If applicable)**

If requesting assignment of commissions, fill in all portions of the top section. Date, sign, and print your name and have signed by a witness. Leave *Acceptance* section blank and complete the "Acknowledgement" area. If requesting assignment of commissions to a corporation, attach a copy of Corporate License if applicable.

**DIRECT DEPOSIT AUTHORIZATION**

Fill in all portions including Routing/Transit number and Account number. Sign at the bottom and include a voided check.

**BUSINESS ASSOCIATE AGREEMENT/HIPAA PRIVACY & SECURITY PROVISIONS**

Date, sign, and write your name in the BUSINESS ASSOCIATE section on page 3.

**COPY OF STATE INSURANCE LICENSE**

Attach a copy of your current state insurance license and all non-resident licenses for states you are requesting appointment. If contracting as a corporation, attach a copy of the corporate license if the state requires it.

**LICENSE FEE \$ \_\_\_\_\_**

One check in the total amount for all resident and non-resident licensing fees is to be made payable to **WORLD INSURANCE**.

AL	AZ	AR*	CO	GA	IL	IN	IA	LA	MI	MO
\$30	\$0	\$0	\$0	\$20	\$0	\$0	\$8	\$20	\$5	\$0
MT	NE	NM	NC			ND	OH	OK	PA	SC*
\$0	\$8	\$23	\$20			\$10	\$20	\$40	\$15	\$0
			\$10 (Med Supp)							
TN	TX	VA	WV	WI			WY			
\$15	\$10	\$14	\$25	\$7			\$15			
			\$24 (non-res.)							

*\*Application for insurance must be submitted along with agents' paperwork.*

Commission Pattern: \_\_\_\_\_

Reports To: *Name – Please Print* \_\_\_\_\_

*Agent #* \_\_\_\_\_

\_\_\_\_\_  
*Name of General Agent - Please Print*

\_\_\_\_\_  
*General Agent Signature*

\_\_\_\_\_  
*General Agent Code*

E2000 (4-04)



\* E 2 0 0 0 \*



- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 4. Has an insurance company ever cancelled a contract with you for cause? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a bond declined or cancelled? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted for any offense other than a minor traffic violation? .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If currently licensed, has your insurance license ever been cancelled or suspended? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been fined by any insurance regulatory authority? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes" to any of questions 1 through 8 above, please give details or attach documentation. _____ |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |
| 9. Do you own a fidelity/surety bond and/or have errors & omissions insurance? .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes," circle which one you have and give company name.   |                          |                          |
| Has a claim been filed within the last 5 years? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Give details. _____  |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |

I understand a request may be made of a consumer and/or consumer investigative reporting agency to secure and provide information concerning my character, general reputation, personal characteristics, mode of living, and the accuracy of the statements made on this application. I also understand a criminal and financial background check will be done.

By my signature below, I confirm that the answers given above are true, complete, and accurate to the best of my knowledge and belief, and understand that false statements may be cause for termination, and authorize World Insurance to make consumer and/or consumer investigative reports.

I agree that I will not solicit business for the Company until my contract has been approved by the home office of World Insurance Company.

I understand that minimum production levels are required to maintain my contract and appointment.

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(Date) (Agent applicant signature - stamped signature not acceptable)

**Attach completed forms.**

By my signature below and to the best of my knowledge: I confirm that the answers given above by the agent are true, complete, and accurate and I verify that the agent is of good moral character and meets all state requirements for financial soundness, business experience and education.

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(General Agent - please print) (GA code) (GA signature - stamped signature not acceptable)

W3129 (3-02) - A

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*Please detach here and give the form below to the applicant.*

**Notice to Applicant for Contract**

We are required by Public Law 91-508, the Fair Credit Reporting Act and Privacy Act Prenotification, to inform you that as part of our consideration of your request for appointment, a consumer and/or investigative consumer report may be obtained that will provide applicable information concerning your character, general reputation, personal characteristics and mode of life.

Further information on the nature and scope of such report, if one is made, is available to you upon written request to World's Marketing Administration Department.



## SPECIAL AGENT'S AGREEMENT LIFE AND HEALTH INSURANCE

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to take effect on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between World Insurance Company of Omaha, Nebraska, hereinafter referred to as Company, and \_\_\_\_\_, as its Special Agent, hereinafter referred to as Agent.

### WITNESSETH:

Company hereby appoints Agent to act for it in the following territory: **NOT TO EXCEED THE TERRITORIAL BOUNDARIES AS DEFINED IN GENERAL AGENT'S AGREEMENT.**

1. Agent agrees to solicit applications for life and health insurance for Company; to collect and receipt for the first premiums thereon; to deliver immediately to Company all applications taken by Agent; to report and remit promptly to Company all premiums collected by Agent; to repay to Company commissions received on premiums for policies cancelled or rescinded after issuance; and to service business procured by Agent or other business assigned to Agent, all subject to such instructions as may be issued by Company from time to time.
2. Agent shall be paid while this Agreement is in force the commissions on life insurance shown in Commission Schedule A and the commissions on health insurance shown in Commission Schedule B, attached hereto, on premiums received by Company in cash for insurance placed hereunder.
3. In event of termination of this Agreement by the death or commencement of total and permanent disability of Agent, thereafter the renewal commissions and deferred first year commissions which otherwise would be paid to Agent if this Agreement had remained in force will be paid to Agent, if living, otherwise to the spouse of Agent, or if such spouse shall not survive Agent or shall die prior to final payment, then to the estate of Agent, for a period of five years following such termination.
4. In event of termination of this Agreement other than as provided in Paragraph 3, renewal commissions and deferred first year commissions thereafter will be payable as follows:
  - (a) If this Agreement shall have been in force less than one year, no renewal commissions or deferred first year commissions will be payable after such termination.
  - (b) If this Agreement shall have been in force one year or more, the renewal commissions and deferred first year commissions which otherwise would be paid to agent if this Agreement had remained in force, will be paid to Agent, if living, otherwise to the spouse of Agent, or if such spouse shall not survive Agent or shall die prior to final payment, then to the estate of Agent, but such commissions will not be payable for more than nine years following termination.
  - (c) Payment of renewal commissions and deferred first year commissions under this Paragraph 4 will be made to Agent, Agent's spouse or the executor or administrator of Agent's estate, as the case may be, only if such commissions shall amount to at least \$600.00 each year, commencing with the date of such termination, and in event said commissions shall be less than \$600.00 for each such year, no further renewal commissions or referred first year commissions will be paid.
  - (d) Provided, however, in event of termination of this Agreement for cause as defined in 14(d), no renewal commissions will be payable thereafter.
5. In event any policy placed hereunder shall lapse and be reinstated by a representative of Company other than Agent, no commissions will be paid Agent on premiums received for or after such reinstatement.
6. No commissions will be paid on any policy not accepted by the applicant or on any application not accepted by the Company, or on any extra life insurance premium charge.
7. Company may offset against and deduct from any commissions payable hereunder any indebtedness of Agent to Company, and such indebtedness shall be a first lien against all such commissions.
8. No assignment of this Agreement or any commissions accruing under it or any interest therein shall be valid, except with the prior written consent of Company.



9. Agent agrees not to deliver any policy until settlement has been received for the first premium therefore, and not to deliver any life insurance policy to an applicant for the purpose of inspection without first securing the applicant's signature to an inspection receipt on form furnished by Company.
10. Agent shall immediately return to Company any undelivered policy issued on the application of a person who, to the knowledge of Agent, becomes impaired in health after making application.
11. Rebating in any form, directly or indirectly, is prohibited. No representation shall be made for the purpose of inducing a policyholder in this or any other company to lapse, forfeit or surrender insurance.
12. Nothing contained herein shall be construed to create the relationship of employer and employee between Company and Agent, who shall be free to exercise Agent's own judgement as to the persons solicited and the time and place of solicitation, but Company may from time to time issue instruction respecting the conduct of said business, not interfering with such freedom of action, which instructions shall be conformed to by Agent.
13. Failure of Company to insist upon strict compliance by Agent with any of the conditions of this Agreement, or the instructions of Company, shall not be construed as a waiver of same, but they will continue to be in full force and effect.
14. Termination Provisions:
  - (a) This Agreement shall terminate automatically upon the death or commencement of total and permanent disability of Agent.
  - (b) This Agreement shall terminate automatically if Agent shall not continue to hold a valid license to do business in the territory covered hereunder.
  - (c) Either party shall have the right at any time to terminate this Agreement upon giving thirty (30) days notice in writing, addressed to Company at its Home Office or to Agent at the last known address of Agent, except as otherwise provided in 14(d).
  - (d) This Agreement may be terminated immediately by Company upon notice in writing to Agent at the last known address of Agent for and on account of any of the following enumerated acts done or committed by Agent, which shall constitute good cause therefore:
    - (1) Fraud or breach of any of the terms of this Agreement; or
    - (2) Failure to pay Company any money belonging to it, as herein provided; or
    - (3) Violation of any of the laws of the state or the rules of the insurance department regulating insurance companies and their business in the territory covered by this Agreement; or
    - (4) Any act of Agent affecting the right of Company to do business in the territory covered by this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first above written.

WORLD INSURANCE COMPANY

By \_\_\_\_\_  
Agent

APPROVED:

WORLD INSURANCE COMPANY

By \_\_\_\_\_  
Marketing Administration Department                      General Agent                      General Agent Code





ASSIGNMENT OF COMMISSIONS AND SERVICE FEES

FOR VALUABLE CONSIDERATION, I hereby set over and assign to \_\_\_\_\_ (Assignee) all of my right, title and interest in and to all commissions and service fees payable to me under the terms and conditions of a " \_\_\_\_\_ Agreement, Life and Health Insurance" between WORLD INSURANCE COMPANY of Omaha, Nebraska and the undersigned as \_\_\_\_\_, dated the \_\_\_\_\_ day of \_\_\_\_\_.

This assignment is made, subject to all the terms and conditions of said \_\_\_\_\_ Agreement.

I hereby bind my Beneficiary and Personal Representative to the full performance of the terms and conditions of this Assignment.

WORLD INSURANCE COMPANY is hereby directed and authorized to make payment of all sums due thereunder to said Assignee.

This Assignment shall remain in effect until written notice of the termination hereof by me has been received by said WORLD INSURANCE COMPANY.

The Federal Identification Number of said Assignee is \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Agent Signature \_\_\_\_\_ Witness \_\_\_\_\_

Agent Printed Name \_\_\_\_\_ Agent Code \_\_\_\_\_

ACCEPTANCE

We hereby accept the above Assignment, on condition the rights of WORLD INSURANCE COMPANY under said \_\_\_\_\_ Agreement shall be prior to any rights of the Assignee.

Dated at Omaha, Nebraska this \_\_\_\_\_ day of \_\_\_\_\_.

Attest:

WORLD INSURANCE COMPANY

\_\_\_\_\_ By Michael E. Abbott Michael E. Abbott, President

Company Countersignature

ACKNOWLEDGEMENT

We hereby acknowledge the above Assignment to us, and agree the rights of WORLD INSURANCE COMPANY under said \_\_\_\_\_ Agreement shall be prior to our rights under said Assignment.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

ASSIGNEE (Signature of Company Officer) \_\_\_\_\_

P.O. Box or Street Address

City, State, ZIP Code





World Insurance Company is pleased to provide direct deposit of your commissions into your bank account.

Here are some of the benefits you will receive with our direct deposit program:

- *Get your commissions fast.*
- *Funds are deposited three working days after World Insurance transmits to the bank.*
- *No more lost checks.*
- *No more trips to the bank to deposit checks.*

Your statement, which is available at [www.worldsells.com](http://www.worldsells.com), will indicate the amount of the deposit. The authorization form below states that we may make debit entries to your account only in the rare case of a bank error or a commission processing error. **We will not deduct debit balances from your bank account.**

In order to begin direct deposit, please complete the authorization form below. **Please be sure to sign the form and attach a voided check or a savings deposit slip.**

If you change your bank account number, please notify us immediately to avoid any delays in your commission. A written request along with a new **voided check or a deposit slip** must be submitted in order to change this information.

### Direct Deposit Authorization

*Please complete and return to Marketing Administration*

Agent Name/Corporation Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Number/Numbers: *(Please list all agent numbers.)* \_\_\_\_\_

Social Security or Tax ID Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I authorize World Insurance Company to initiate electronic credit entries for commission due. Debit entries will only be made in the rare case of an error by either the bank or World Insurance to correct a credit entry previously made or a commission processing error.

- Checking Account (Attach voided check and sign below.)**
- Savings Account (Attach a savings deposit slip and verify with your bank your routing/transit number.)**  
*If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will ensure that your commissions are deposited correctly.*
- Change of Account**

As of \_\_\_\_\_, my bank information is as follows. In order to change the bank information, I must submit a written request along with a voided check or a deposit slip.

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Routing/Transit No.: \_\_\_\_\_ *(9 digit number - if unsure of number, please contact your bank)*

Account No. \_\_\_\_\_

This authority will remain in effect until World Insurance Company has received written notice from me. I agree to contact World Insurance Company in writing if I change banks or bank accounts for my deposits.

Signature: \_\_\_\_\_





## BUSINESS ASSOCIATE AGREEMENT

### Privacy and Security Provisions

The Business Associate and World Insurance Company (“Company”), hereby enter into this Business Associate Agreement (“Agreement”) concerning the maintenance of the security and confidentiality of Protected Health Information (PHI) as required under applicable laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the regulations promulgated thereunder.

#### RECITALS

A. The purpose of this Agreement is to comply with the Standards for Privacy of Individually Identifiable Health Information published by the Secretary of the U.S. Department of Health and Human Services (“HHS”) to amend 45 C.F.R. Part 160 and Part 164 (the “Privacy Regulation”) under HIPAA.

B. Company has requested Business Associate to perform certain services for or on behalf of Company as previously contracted with the condition that Business Associate agrees to abide by the requirements set forth in the privacy regulation.

C. This Agreement sets forth the terms and conditions pursuant to which PHI that is provided by, or created or received by, the Business Associate from or on behalf of the Covered Entity will be handled.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants and agreements hereinafter addressed, the parties agree as follows:

#### BUSINESS ASSOCIATE RESPONSIBILITIES:

1. Security Policies. Business Associate shall maintain security policies that comply with applicable laws and regulations.
2. Safeguards. Business Associate warrants that it shall implement and maintain appropriate safeguards to prevent the use or disclosure of PHI otherwise than as permitted by this Agreement provided that such use or disclosure would not violate applicable law or regulation and shall provide Company upon request information concerning such safeguards and shall, upon reasonable request, give access to its facilities used for the maintenance or processing of PHI, for inspection and copying and to its books, records, practices, policies and procedures concerning the use and disclosure of PHI, for the purpose of determining its compliance with this Agreement.
3. Use and Disclosure of PHI. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI to perform functions, activities or services for or on behalf of Company as specified in the Agreement and this Agreement, provided that such use or disclosure would not violate applicable law. Business Associate shall use PHI only as permitted or required to perform the services set forth in the Agreement or as otherwise required by law. Notwithstanding the foregoing, Business Associate may only use PHI in a manner that would not violate the requirements of applicable law.
4. Training of Staff. Business Associate shall advise and train members of its workforce of their obligations to protect and safeguard PHI and shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in violation of this Agreement.
5. Reporting. Business Associate shall report any use or disclosure of PHI not provided for by this Agreement and its workforce or its agents or contractors of which Business Associate becomes aware. Business Associate shall report the remedial action taken or proposed to be taken with respect to such use or disclosure.
6. Mitigation. Business Associate shall mitigate any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this agreement.
7. Access by Individuals. Business Associate shall at the request of Company, and in the time and manner designated by Company make available PHI in a designated record set to Company or as directed to an Individual or his/her personal representative entitled to access and copy the PHI in order to meet the requirement of applicable law and regulations.
8. Correction of PHI. Business Associate shall make any amendment to PHI in a designated record set that Company directs or agrees to at the request of Company or Individual or to his/her personal representative and shall amend and incorporate such amendments or corrections to PHI as required by applicable law.
9. Minimum Necessary. Business Associate warrants that the PHI it discloses, requests and uses is only the minimum amount necessary to carry out the duties and responsibilities contemplated by this Agreement.



10. Accounting of Disclosures. Business Associate shall provide to Company an accounting of disclosures in accordance with applicable law by Business Associate or its employees, agents, representatives or subcontractors as would be required for Company to respond to a request by an Individual for an accounting of disclosures as required by applicable law.
  - (a) Any accounting prepared by Business Associate shall include: (i) the date of disclosure; (ii) name, and address if known of the entity or person who received the PHI; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the Disclosure. The information relating to the accounting of disclosures shall be documented by Business Associate, as identified herein and such records shall be retained by Business Associate for at least six years from the date of the Disclosure.
11. Disclosure of Internal Practices. Business Associate shall make its internal practices, books, and records, including its policies and procedures relating to the use and disclosure of health information received from, or created or received by Business Associate on behalf of Company available to Company, or at the request of Company to the Secretary, in a time and manner designated by the Company for purposes of determining compliance with applicable law.
12. Procedure upon Termination. Upon termination of this Agreement Business Associate shall return or destroy all PHI that it maintains in any form, and shall retain no copies of such information or, if the parties agree that return or destruction is not feasible, it shall continue to extend the protections of this Agreement to such information, and limit further use of the information to those purposes that make the return or destruction of the information infeasible.
13. Breach. Without limiting the rights of the parties elsewhere set forth in the Agreement, if Business Associate materially breaches its obligations under this Section, the Company may, at its option: (a) exercise any of its rights of access and inspection; (b) provide an opportunity for Business Associate to cure the breach within 30 days of notice to Business Associate by Company and if the breach is not cured within 30 days terminate the agreement; or (c) immediately and unilaterally terminate this Agreement without penalty or recourse. Company retains the right to report to the Secretary of the United States Department of Health and Human Services any violation or material breach. The remedies under this Section and set forth elsewhere in this Agreement shall be cumulative, and the exercise of any remedy shall not preclude the exercise of any other.

#### **COMPANY'S RESPONSIBILITIES:**

14. Notification. Company shall notify Business Associate to the extent it may affect Business Associate's use or disclosure of PHI of:
  - (a) any changes in, or revocation of, permission by individuals to use or disclose PHI;
  - (b) its notice of privacy practices and any limitations; and
  - (c) any restrictions to the use or disclosure of PHI that Company has agreed to in response to an individual's request for restriction.

#### **GENERAL TERMS:**

15. Term. The term of this Agreement shall be effective as of the date first referenced in this Agreement and shall terminate when all of PHI provided by Company to Business Associate, or created or received by Business Associate on behalf of Company is destroyed or returned to Company or if it is infeasible to return or destroy PHI, protections are extended to such information in accordance with the termination provisions in this Agreement.
16. Audit. Company shall have the right to audit and monitor all applicable activities and records of the Business Associate to determine compliance with the requirements relating to the creation or use of PHI as it relates to the privacy and security sections of this Agreement.
17. Amendment. Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Company may, by written notice to the Business Associate amend this Agreement in such manner as it determines necessary to comply with such law or regulation.
18. Survival. The respective rights and obligations of Business Associate shall survive the termination of this Agreement.
19. No Third-Party Beneficiaries. The parties agree that there are no intended third party beneficiaries under this Agreement.
20. De-identified Data Creation. Business Associate is prohibited from converting PHI to de-identified data, unless the Company approves of Business Associate's proposed plan for accomplishing the conversion which meets the requirements of 164.514 of the Code of Federal Regulations.
21. Notices. Any notices to be given hereunder shall be made via U.S. first class mail, or hand delivery to the other party's address.
22. Relationship. This Agreement shall not alter the relationship between the Company and Business Associate and shall not create any additional rights other than those currently in existence as an independent contractor of the Company. There shall be no employment relationship created by the terms of this agreement. Nothing contained herein shall expand the agency relationship or authority as set out in the existing Agreement. Agent/Business Associate's authority is limited to the marketing, processing



and underwriting of new insurance applications. This Agreement does not create any authority in the Agent regarding the processing of claims. The Agent is specifically directed to avoid the receipt of PHI in connection with any claim.

23. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Company to comply with the Privacy Regulation.

**DEFINITIONS:**

Terms used, but not defined, in this Agreement shall have the same meaning as those terms used in the Privacy Rule promulgated under HIPAA.

*Business Associate* means the individual licensed and appointed by World pursuant to the Producers Licensing Act to sell or solicit applications for health insurance on behalf of World. This includes any employee or person acting on behalf of said producer.

*Company* means World Insurance Company which is a Covered Entity under the Privacy Rule.

*Designated Record Set* means (a) a group of records maintained by or for Company that is 1) medical records and billing records about individuals maintained by or for a covered health care provider; 2) enrollment, payment, claims adjudication and case or medical management record systems maintained by or for a covered health plan or 3) used in whole or in part by or for the covered entity to make decisions about individuals.

*Disclose* means the release, transfer, and provision of access to or divulging in any other manner of information outside the entity holding the information.

*Individual* means the person who is the subject of protected health information and shall include a person who qualifies as a personal representative in accordance with the Privacy Regulation.

*Privacy Regulation* means the Standards for Privacy of Individually Identifiable Health Information at CFR part 160 and part 164, subparts A and E.

*Secretary* means the Secretary of the Department of Health and Human Services or his designee.

*Protected Health Information ("PHI")* means individually identifiable information, including demographic information, that (i) relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; (ii) identifies the individual or for which there is a reasonable basis for believing that the information can be used to identify the individual; and (iii) is received by Business Associate from or on behalf of Company, or is created by Business Associate for or on behalf of Company, or is made accessible to Business Associate by Company. It does not include educational records covered by the Family Educational Right and Privacy Act and employment records held by Company in our role as employer.

*Use* means with respect to PHI the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date stated.

**BUSINESSASSOCIATE:**

Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Agent's Printed Name: \_\_\_\_\_

**WORLD INSURANCE COMPANY**



President

