



Please note the following which will assist you to ensure all required appointment paperwork for Equitable Life & Casualty is received and in order.

1. Complete the Application for Contract Agreement (Form ACA). Attached _____.
2. Attach to the Application for Contract Agreement a copy of your current resident Life and Accident & Health license. Attached _____.
3. If your state requires a CONTINUING EDUCATION CERTIFICATE OF COMPLETION for Long Term Care please submit a copy of this certificate. Attached _____.
4. Sign the Agreement form attached. Attached _____.
5. **Include a check for your state appointment fee.** If you don't know the required fee amount, please call the AIMS licensing/contracting department at 800-325-9876. Attached _____.
6. The Business Associate Agreement Addendum needs to be signed and returned with the contract. **We will not be able to complete appointment process if this is not signed and returned.** Attached _____.
7. You need to complete the Background Investigation Consent and the IRS Form W-9 for purposes of correctly identifying your Taxpayer ID number for agency accounting purposes. If you do not have a Federal Taxpayer ID number, use your Social Security Number. Attached _____.
8. Provide commission schedules. _____
9. EFT (Electronic Fund Transfer) is mandatory so complete necessary form and attach a **“Void”** check. _____

General Agent _____

Domiciled State _____ State Fee \$ _____ (included)

Send Contracting Paperwork to:

AIMS
P O Box 241407
Montgomery, AL 36124-1407