

# Individual Products Independent Contractor Form

For:      **Exchange**      **Off-Exchange**

Use this form for adding or updating independent agents (1099 contractors) of a contracted agency or for updating information for a contracted agency.

RETURN THIS FORM TO YOUR SELECTED INDIVIDUAL GENERAL AGENCY		
Selected Individual General Agency Name		
<p><b>General Agency: Submit completed form to <a href="mailto:bcccontracts@carefirst.com">bcccontracts@carefirst.com</a></b>            Indicate your election of a Contracted General Agency on the next page.</p> <p><b>Required Error &amp; Omissions Insurance is:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$1 Million Each Occurrence</li> <li><input type="checkbox"/> \$2 Million Annual Aggregate</li> </ul> <p><b>Attach current copies of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> State License(s) for agency and each agent</li> <li><input type="checkbox"/> Certificate of Insurance for Errors and Omissions insurance</li> <li><input type="checkbox"/> Exchange Certification(s) for agents – Exchange business only</li> </ul>		
Agency Mailing Address:	Suite:	
City:	State:	Zip:
Phone Number:	Fax Number:	
Agency Name:	Agency FEIN:	
	Agency NPN:	
Jurisdiction	Agency License Number	Expiration Date
District of Columbia		
Maryland		
Virginia		
E & O Carrier		
Agent Name:	Agent SSN:	
Email Address:	Agent NPN:	
Jurisdiction	Agent License Number	Expiration Date
District of Columbia		
Maryland		
Virginia		
Signature of Agent Named Above:	Signature Date:	

# Individual General Agency Contacts for New Agents

---

If you are not credentialed to market CareFirst Individual products, please contact a qualified Individual General Agency from the list below for assistance:

**Amwins Connect Administrators Inc**

David Cardwell, Sr., Hunt Valley, MD  
410-832-1300  
david.cardwell.sr@amwins.com

**Employee Benefits Corporation of America**

Wendy Zindler, McLean, VA  
703-760-0707  
wzindler@ebca.com

**Potomac Basin Group**

Jaclyn Lorden, Beltsville, MD  
301-581-7325  
jaclyn.lorden@nfp.com

**Corporate Coverage, LLC**

Melanie Epstein, Timonium, MD  
410-844-4144  
mje@corporatecoverage.com

**Mather & Strohl dba BenefitMall**

Tiffany Stiller  
Consumer Products Division, Towson, MD  
817-731-3355  
individualcontracting@benefitmall.com

**Other (indicate below)**

Brokerage: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Benefit Indemnity Corporation**

Rodger Bayne, Towson, MD  
443-275-7400  
Rodger.bayne@benefitindemnity.co

**Hamilton Insurance Agency (HIA)**

John Feeley, Fairfax, VA  
703-359-8101  
jfeeley@hamiltoninsurance.com

**Kelly & Associates Insurance Group Inc**

Christie Opitz, Sparks, MD  
410-527-3400  
copitz@kellybenefits.com

**Pinion Financial Services, LLC**

Sheila Pinion, Chevy Chase, MD  
301-652-4000 or 800-296-4427  
Sheila@pinionfinancial.com

**AP Benefit Advisors dba IMC**

John Parafinczuk  
240-207-2707  
john@imctr.com

**Block Transfer**

To process a transfer, we must have a letter from the brokerage firm or broker through whom the business was originally placed. This letter should advise us to transfer a specific block of business to another brokerage firm. The letter must be submitted to us on the letterhead of the agent's former agency.

Commissions are paid the same when using a contractor or direct broker.

Print Contracted Broker/Agency Name: \_\_\_\_\_