

## UCS ENROLLER PROFILE

|                |          |       |        |      |
|----------------|----------|-------|--------|------|
| NAME:          | ADDRESS: | CITY: | STATE: | ZIP: |
| PHONE:         | MOBILE:  | FAX:  | OTHER: |      |
| EMAIL ADDRESS: |          |       |        |      |

|                           |                |
|---------------------------|----------------|
| NATIONAL PRODUCER NUMBER: | DATE OF BIRTH: |
| EMERGENCY CONTACT:        | PHONE NUMBER:  |

|   |                              |                             |                    |                              |                             |
|---|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Do you have any travel restrictions or limitations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you Bilingual? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Resident State License and Number:                  | Type of License:             |                             |                    |                              |                             |

### ENROLLMENT EXPERIENCE

|                                    |                              |                             |             |                              |                             |  |  |  |  |  |
|------------------------------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|--|--|--|--|--|
| How long have you been enrolling?  |                              |                             |             |                              |                             |  |  |  |  |  |
| Are you proficient with computers? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Windows XP? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |  |  |  |
| Performed laptop enrollments?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Own Laptop? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |  |  |  |

### ENROLLMENT METHODS (Please check all that apply to your experience.)

|                          |                          |                     |                          |               |                          |       |                          |
|--------------------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|-------|--------------------------|
| One on One Presentations | <input type="checkbox"/> | Group Presentations | <input type="checkbox"/> | Telemarketing | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Laptop Presentations     | <input type="checkbox"/> | Benefit Fairs       | <input type="checkbox"/> | Call Center   | <input type="checkbox"/> |       |                          |

|   |                              |                             |                   |  |  |
|---|------------------------------|-----------------------------|-------------------|--|--|
| Do you have an experience as a case manager?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, how much? |  |  |
| What is the largest size case you have managed? |                              |                             |                   |  |  |
| Number of employees & group name:               | Number of locations:         | Number of counselors:       |                   |  |  |

### PRODUCTS ENROLLED (Please check all that applies to your experience.)

|                          |                      |                          |                               |                          |                                 |
|--------------------------|----------------------|--------------------------|-------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Benefit Statements   | <input type="checkbox"/> | Section 125                   | <input type="checkbox"/> | Medical and Dependent Care FSAs |
| <input type="checkbox"/> | Health Insurance     | <input type="checkbox"/> | Dental                        | <input type="checkbox"/> | Vision                          |
| <input type="checkbox"/> | Universal Life       | <input type="checkbox"/> | Interest Sensitive Whole Life | <input type="checkbox"/> | Whole Life                      |
| <input type="checkbox"/> | Long Term Disability | <input type="checkbox"/> | Short Term Disability         | <input type="checkbox"/> | Long Term Care                  |
| <input type="checkbox"/> | Cancer/Dread Disease | <input type="checkbox"/> | Intensive Care                | <input type="checkbox"/> | Heart Attack/Stroke             |

### NON RESIDENT LICENSES (Please check all that apply.)

|    |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |                          |
|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| AL | <input type="checkbox"/> | CO | <input type="checkbox"/> | GA | <input type="checkbox"/> | KS | <input type="checkbox"/> | ME | <input type="checkbox"/> | MT | <input type="checkbox"/> | NJ | <input type="checkbox"/> | OK | <input type="checkbox"/> | SD | <input type="checkbox"/> | VT | <input type="checkbox"/> |
| AK | <input type="checkbox"/> | CT | <input type="checkbox"/> | IA | <input type="checkbox"/> | KY | <input type="checkbox"/> | MI | <input type="checkbox"/> | NC | <input type="checkbox"/> | NM | <input type="checkbox"/> | OR | <input type="checkbox"/> | TN | <input type="checkbox"/> | WA | <input type="checkbox"/> |
| AR | <input type="checkbox"/> | DC | <input type="checkbox"/> | ID | <input type="checkbox"/> | LA | <input type="checkbox"/> | MN | <input type="checkbox"/> | ND | <input type="checkbox"/> | NV | <input type="checkbox"/> | PA | <input type="checkbox"/> | TX | <input type="checkbox"/> | WI | <input type="checkbox"/> |
| AZ | <input type="checkbox"/> | DE | <input type="checkbox"/> | IL | <input type="checkbox"/> | MA | <input type="checkbox"/> | MO | <input type="checkbox"/> | NE | <input type="checkbox"/> | NY | <input type="checkbox"/> | RI | <input type="checkbox"/> | UT | <input type="checkbox"/> | WV | <input type="checkbox"/> |
| CA | <input type="checkbox"/> | FL | <input type="checkbox"/> | IN | <input type="checkbox"/> | MD | <input type="checkbox"/> | MS | <input type="checkbox"/> | NH | <input type="checkbox"/> | OH | <input type="checkbox"/> | SC | <input type="checkbox"/> | VA | <input type="checkbox"/> | WY | <input type="checkbox"/> |

Please list any other enrollment/insurance companies for which you have provided enrollment services:

|  |
|--|
|  |
|--|

Names of any benefit counselors (enrollers) that may be interested in working:

| NAME | ADDRESS | PHONE |
|------|---------|-------|
|      |         | - -   |
|      |         | - -   |
|      |         | - -   |

### REFERENCES:

|       |          |        |
|-------|----------|--------|
| NAME: | ADDRESS: | PHONE: |
| NAME: | ADDRESS: | PHONE: |
| NAME: | ADDRESS: | PHONE: |

MISCELLANEOUS INFORMATION (The following information is needed for lodging accommodations and travel arrangements.)

Nearest Airport to your home:

What is the longest you can be out of town:

Tobacco User: Yes  No