

**NORTHWEST MARKETING RESOURCES  
VSP AFFILIATION QUESTIONNAIRE**

Please complete this form and sign or fill in anything highlighted with yellow and provide the following information.

**NAME** (Exactly as it appears on license) **Agency Name**

**BUSINESS ADDRESS** (If you use ICS please list street address as well as P.O. Box)

**BUSINESS PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**RESIDENT ADDRESS** **E Mail** \_\_\_\_\_

**RESIDENT PHONE #** \_\_\_\_\_

**\*\* PLEASE INDICATE WHICH ADDRESS YOU WOULD PREFER USED FOR MAILING PURPOSES\*\*** Business or Home

**SOCIAL SECURITY #** \_\_\_\_\_

**TAX I.D. #** \_\_\_\_\_ **THIS IS NEEDED IF YOU WANT COMMISSIONS PAID TO AGENCY**

**DATE OF BIRTH** \_\_\_\_\_

**ARE YOU CURRENTLY LICENSED WITH VISION SERVICE PLANS** Y OR N

**OTHER COMPANY (IES) CURRENTLY APPOINTED WITH:**

**AGENT** \_\_\_\_\_

**BROKER** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**1ST YEAR COMMISSIONS 10 % PAID AS PAID**  
**RENEWAL COMMISSIONS 10 % PAID AS PAID**

**(PHOTOCOPY OF LICENSE IS NECESSARY, If you are not currently appointed with VSP we will need to appoint you with NMR, in that case submit a check made payable to OIC for \$20.00)**