

**SELLING AGENT AGREEMENT SIGNATURE PAGE**

The following AGREEMENT made between the Selling Agent identified below (“Selling Agent”) and EmblemHealth Services Company LLC., on behalf of its licensed health plan affiliates and their subsidiaries which include, but are not limited to, Group Health Incorporated (“GHI”), Health Insurance Plan of Greater New York (“HIP”) and HIP Insurance Company of New York (“HIPIC”), (hereinafter collectively “EmblemHealth”) is effective on the “Effective Date” set forth below.

By signing this Agreement, Selling Agent or its authorized representative acknowledges that he/she has read the Agreement and Appendix, understands it and will keep a copy of it. Selling Agent further understands and agrees that Selling Agent is not approved to sell EmblemHealth business and/or receive payment of commissions and/or other compensation pursuant to this Agreement until such time that Agent is appointed by EmblemHealth, as evidenced by separate written or electronic confirmation of appointment from EmblemHealth.

**ACCEPTED BY SELLING AGENT:**

\_\_\_\_\_  
Agent Signature (or authorized representative)

\_\_\_\_\_  
Agent/Agency Name (Print)

\_\_\_\_\_  
Social Security or Tax Identification Number

\_\_\_\_\_  
New York License Number

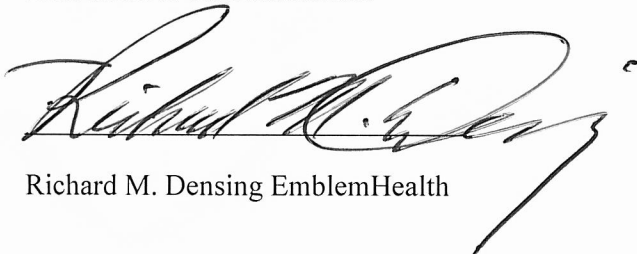
Date Signed: \_\_\_\_\_

Agent Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent E-mail Address (required): \_\_\_\_\_

Executed For EmblemHealth:



Richard M. Densing EmblemHealth