

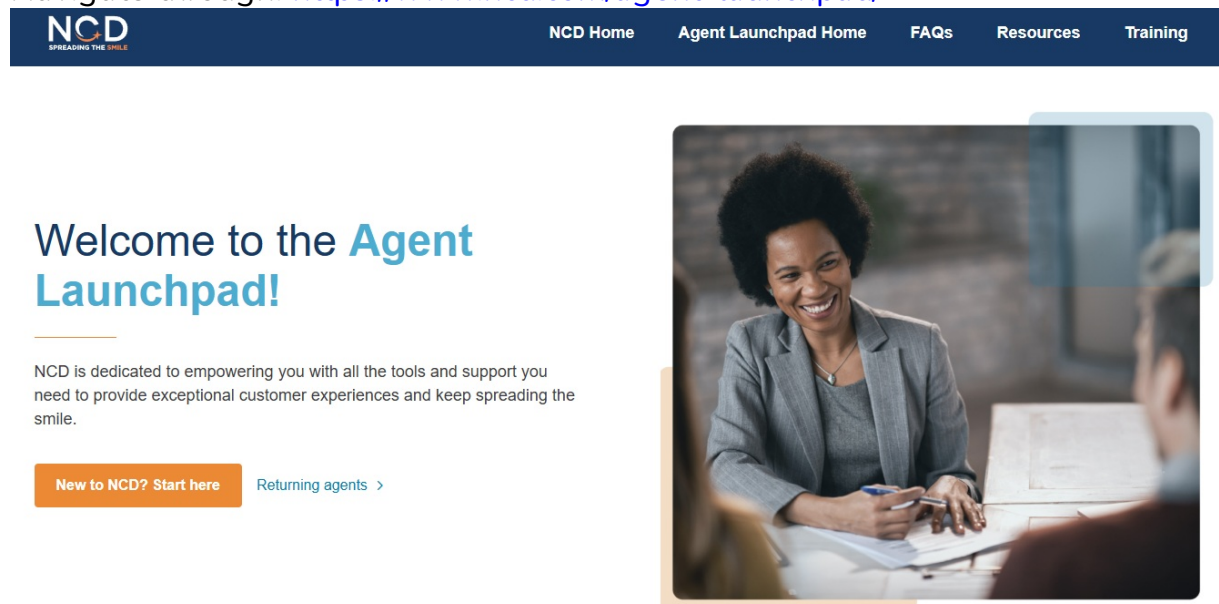
National Care Dental

IMPORTANT!

If you are already contracted with National Care Dental, please refer to **Transfer Instructions for National Care Dental**.

Carrier Portal

Navigate through: <https://www.ncd.com/agent-launchpad/>



NATIONAL CARE DENTAL CONTRACTING FOR NEW AGENT

Step 1: Contracting Invite

You will need to register and complete the appointment application through [National Care Dental](#) enrollment website.

<https://www.1enrollment.com/agents/signup.cfm?id=573880&code=Regional>



Agent Sign Up

Please complete the following information before you can start selling. Once completed you will receive an email with your ID number and personal enrollment link with access to your back office to manage your account.

For more information or questions, please contact:

NCD Phone: 844-284-4944

E-mail: AgentSupport@NCD.com.

For more information, please contact:

• Benavest, Corp • Joseph Gannon • Phone: (954) 756-3682 • E-Mail: office@benavest.com

Agent Name or Company Principal Agent

Step 2: Enrollment Form

Please make sure to fill out the form diligently.

You must have the following to complete the enrollment.

- E&O Certificate
- Direct Deposit Information
- W9 Information

Agent Name or Company Principal Agent

Name or Company Name (as it appears on W-9)

First Name *

Middle

Last Name *

Suffix

Primary Address

Address 1 *

Address 2

City *

State *

Postal/Zip Code *

Mailing Address

Address 1

Address 2

City

State

Postal/Zip Code

Home Address

Address 1

Address 2

City

State

Postal/Zip Code

Contact Information

Main Phone *

Alt Phone

Fax

Email Address *

Access to Your Back Office

Pick a Username *

Pick a Password *

ID Numbers

Federal Tax ID or Social Security Number *

Tax ID Type *

NPN Number * - [SEARCH](#)

NCD will pull all license information through NIPR. Please provide your correct NPN number. If you do not know your NPN, use the search button above the NPN Number box.

Will you be contracting downline agents? *

☐ Yes ☐ No

E&O Coverage

☐ I hereby agree to maintain E&O insurance coverage at the levels required by my contract with NCD.*

Direct Deposit Information

Bank Routing Number *

Bank Account Number *

Banking Institution Name

Account Type *

☐ Checking ☐ Savings

Checking Type *

☐ Individual ☐ Business

W-9 Information

Name (as shown on your income tax return).

Business name/disregarded entity name, if different from above.

Federal tax classification.

Exempt payee code (if any).

Exemption from FATCA reporting code (if any).

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Taxpayer identification number (TIN)

Taxpayer identification type

[Click here to download your Commission Schedule](#)

Agreement

Applicable licensing requirements, laws and regulations of the jurisdiction(s) in which General Agent operates, and cause its staff and sub- agents to comply with all applicable licensing requirements in the jurisdiction(s) in which they conduct business and to monitor their continued compliance of such laws by completing all required continuing education or other licensing requirements; and to notify NCD immediately if any such license is terminated, suspended or revoked.

2.1.5. General Agent shall be knowledgeable of and comply with the rules, policies and procedures of NCD, including but not limited to: market conduct standards, ethical guidelines, underwriting practices, application procedures, policy delivery procedures, licensing and appointment practices, client services and support responsibilities, and all other areas of conduct of NCD as contained in rate manuals, field guides, authorized software, and other communications directed to General Agent from time to time by Company.

2.1.6. General Agent shall not: (i) extend the time for payment of any premium; (ii) quote premiums or rates other than specified or published by NCD; (iii) waive or modify any terms, conditions, or limitations of an enrollment; (iv) adjust or settle any claim or commit NCD with respect to any claim; or (v) offer, pay, or allow to

☐ Check this box if you have read, understand and agree to the agreement. *

Signature*

Please continue your signature.



Type Your Name *

Submit Information and Accept Agreement

Step 3: Successful Enrollment

Upon completion of the enrollment form. You will see the message below.

BENAVEST, CORP

Agent Sign Up

Welcome and thank you for signing up as a marketing representative. A confirmation email will be sent to your email address.

YOUR INFORMATION

Your ID: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

YOUR WEB SITE

<http://www.1enrollment.com/>[REDACTED]

YOUR MANAGEMENT AREA

<https://www.1enrollment.com/manage>
Username: [REDACTED]
Password: [REDACTED]

YOUR COMPENSATION

This addendum is executed as of the date you receive an email confirmation of approval. Other products may be added or commissions adjusted on new business at any time. This addendum is part of your approved agreement.

Step 4: Appointment Confirmation

REMINDER

- **National Care Dental** will send you a welcome email once they appoint you. Please forward these emails to office@benavest.com.

From: agentsupport@ncd.com

Subject: Welcome to NCD!

Welcome to NCD!

1 message

agentsupport@ncd.com <agentsupport@ncd.com>
To:

Tue, Apr 26, 2022 at 12:45 PM



Dear [REDACTED]

Welcome to NCD! We are very pleased that you have chosen to represent our products and have started the Agent Sign Up process! We look forward to working with you! Please allow 48-72 business hours for your agent portal to be completed.

This process includes but is not limited to the following:

1. Verifying & Uploading all applicable licenses.
2. Appointments with Carriers
3. Verifying Commissions
4. E&O (Must have at least 1 Million)
5. W9

Transfer Instructions for National Care Dental

After submitting your completed enrollment form, if you will receive this message, which means National Care Dental currently appoints you.

BENAVEST, CORP

Agent Sign Up

ERROR: NPN Number is already in use. Please contact agent support if you believe this is an error.

Please complete the following information before you can start selling. Once completed you will receive an email with your ID number and personal enrollment link with access to your back office to manage your account.

For more information or questions, please contact:

NCD Phone: 844-284-4944

E-mail: AgentSupport@NationalCareDental.com.

Option 1: Immediate Release Policy (With Release Letter)

- Obtain a Release Letter from your current upline.
If you're unsure who your current upline is, you can contact NCD to confirm that information.
- Once you have the release, send an email to NCD requesting your transfer to Benavest using the template below (COPY & PASTE):

Email Template (Option 1 – Immediate Release):

To: AgentSupport@NCD.com

Subject: Request for Immediate Release and Transfer to Benavest

Body of the Email:

Dear NCD Agent Support,

I am requesting to transfer my appointment to Benavest as my General Agency. Please find my release letter attached.

- Request General Agency: Benavest
- Benavest NPN: 17635734
- E-mail Address: office@benavest.com
- Agent Name: *[Your Name]*
- Agent NPN: *[Your NPN]*
- Current General Agency: *[Your Current GA]*

Thank you for your assistance.

Option 2: Delayed Release Policy (With Release Letter)

- If your current upline will not provide an immediate release, you can request a Delayed Release.
The delayed release becomes effective 90 days after NCD receives your request.
- NCD requires proof that you notified your current upline 3–6 months prior of your intent to transfer.
- Send your delayed release request to NCD using the email template below (COPY & PASTE):

Email Template (Option 2 – Delayed Release):

To: AgentSupport@NCD.com

Subject: Request for Delayed Release and Transfer to Benavest

Body of the Email:

Dear NCD Agent Support,

I would like to request a Delayed Release from my current upline and transfer my appointment to Benavest as my General Agency.

Please consider this as my formal 90-day delayed release request. Proof of notification to my current upline has been provided.

- Request General Agency: Benavest

- Benavest NPN: 17635734
- E-mail Address: office@benavest.com
- Agent Name: *[Your Name]*
- Agent NPN: *[Your NPN]*
- Current General Agency: *[Your Current GA]*

Thank you for your assistance.

Impact on Agent's Book of Business

- **New Business:** Any sales made while you were aligned with your previous upline will continue to pay commissions and overrides under your former hierarchy.
- **Renewals:** Any renewals earned while under your previous upline will also pay according to the contracts and schedules in effect at that time.
The release only affects business written after the effective date of the release.

I do not know who is my current GA

Due to privacy policy, the carrier will not give us this information.
You must contact National Care Dental to know who is your current GA.

Carrier Support Contact Details

✉ agentservices@ihipins.com

☎ 844-284-4944

Benavest Contact Details

✉ office@benavest.com

☎ (800) 893-7201 x 1610

☎ (954) 947-8694