

ACKNOWLEDGMENT OF PRODUCER RELATIONSHIP

The undersigned certifies and agrees to the following:

1. The undersigned is a producer who has a current producer license to act as a producer for health maintenance organization health care plans or nonprofit hospital, medical-surgical and health service corporation health care plans in the State of Colorado.

2. The undersigned is an employee or independent contractor of a producer agency (Contracting Producer Agency) which has a contract (Producer Contract) with Rocky Mountain Health Maintenance Organization, Inc., d/b/a Rocky Mountain Health Plans (RMHP) to act as a producer agent. Under the Producer Contract, the Contracting Producer Agency is authorized to sell health care plans offered by Rocky Mountain. The term Rocky Mountain, as used herein, shall mean the following:

RMHP, Rocky Mountain HealthCare Options, Inc. ("RMHCO"), Rocky Mountain Health Management Corporation ("RMHMC") or any health maintenance organization, insurance company, health service corporation, or third party administrator:

- (1) that is a subsidiary of RMHP, RMHCO or RMHMC;
- (2) whose Health Care Plans are administered or sold by or through RMHP, RMHCO or RMHMC; or
- (3) that has contracted with RMHP, RMHCO, RMHMC or any subsidiary of RMHP, RMHCO or RMHMC for the provision of medical or other health care related services to Covered Persons.

3. Unless the undersigned has a separate contract with RMHP to act as a producer agent, the undersigned will only place authorized business for Rocky Mountain health care plans as an employee or independent contractor of a Contracting Producer Agency.

4. Rocky Mountain shall not be required to pay any compensation or commission to the undersigned for any business the undersigned places for Rocky Mountain health care plans through a Contracting Producer Agency. Any commissions or other payments for placement of such business shall be paid by Rocky Mountain to the Contracting Producer Agency of which the undersigned is an employee or independent contractor as may be required by the Producer Contract.

5. If at any time, the undersigned becomes employed by, or becomes an independent contractor working through, another Contracting Producer Agency wherein the undersigned will be placing business for Rocky Mountain health care plans, the undersigned will immediately notify RMHP.

DATED this _____ day of _____, 2____.

(Print Producer's Name)

(Social Security Number)

(Name of Contracting Producer Agency)

By: _____
(Signature)