

## Broker of Record letter

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

Individuals and Families plan  
Broker Services Team  
Sales and Broker Relations  
Attn: Lauren  
Fax: 818-557-6805

Attention Broker Services Team,

I would like to appoint GREGORY SCOTT BROOKS as my broker.

Broker ID# 314712

Broker Phone# (818) 344-2944

Broker Email address: GBAInsurance@aol.com

Respectfully,

### **Head of Household Information**

\* Print name: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Medical Record# (If applicable): \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

\* Address: \_\_\_\_\_



(818) 344-2944  
Fax: (818) 344-4239  
17216 Satcoy Street #305  
Van Nuys, CA 91406

## REWARDS Rebate Redemption Form Request

Policyholder's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance Product Qualifying for Rebate: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy New Business Effective Date: \_\_\_\_\_ Rebate Amount Requested: \$ \_\_\_\_\_

Qualifying Website use: Request or Quote Form? \_\_\_\_\_ Online Quote Engine? \_\_\_\_\_ Online Application? \_\_\_\_\_

### Rebate Terms and Conditions

Upon mutual agreement, we shall Reward or "Rebate" either a percentage of the first six months net premium paid or a one time flat rate amount on certain selected qualifying **New Business Policies** issued. To qualify for a Rebate the **New Business Policy** issued must have originated with the use of the Greg Brooks Agency website. Uses of the website would include: submission of a completed online quote form request or the use of an online quoting engine or completion of an online application. We will Rebate to the policyholder named insured per the rate(s) established as shown on the current published **REWARDS Rebate Product Schedule** on the Greg Brooks Agency website at the time of the New Business Policy effective date. Policy Renewals or Replacement Coverage are not eligible for a Rebate. Rebates will not be processed until the receipt of a fully completed, signed and dated **REWARDS Rebate Redemption Form**. Only California Insured Residents are eligible for a Rebate. Rebates can not be applied towards policy premiums. Rebates based upon a percentage of the first six months net premium paid become valid and payable 150 days from the qualifying **New Business Policy** issued effective date. Rebates become null and void if not redeemed within 270 days of the **New Business Policy** issued effective date. Rebates based upon a one time flat rate amount become valid 360 days from the qualifying New Business Policy effective date and become null and void if not redeemed within 480 days from the qualifying New Business Policy effective date. Kaiser Broker of Record Rebates are paid 30 days after the insured's Kaiser annual Anniversary. Rebates are Agency Rebates only and not a Rebate from a Carrier or Company. Rebate amounts of \$600 or more will be subject to 1099 Miscellaneous Income reporting which will require the completion of IRS Form W-9. Allow 2-4 weeks for processing of a Rebate checks after the receipt of a completed Rebate Redemption Form by the Greg Brooks Agency. Mail your completed Rebate Redemption Form to:

**Greg Brooks Agency**  
**Attn: REWARDS Rebate Redemption**  
**17216 Satcoy Street #305**  
**Van Nuys, CA 91406**

The undersigned warrants the information contained on this Rebate Redemption Form to be true and correct and agrees to be bound by it's Rebate Terms and Conditions as shown above.

\_\_\_\_\_  
Named Insured Policyholder

Dated \_\_\_\_\_