



BLACK, GOULD & ASSOCIATES, INC.

## **BUSINESS CODE OF ETHICS & CONDUCT**

BGA endeavors to maintain a culture of integrity and trust among our agent partners, employees, officers and directors so as to reflect our values throughout our business actions. Our Business Code of Ethics and Conduct (“BCEC”) establishes the high standards for making ethical decisions and strategies and is agreed to by our staff and affiliates as their personal commitment to ethical and compliant marketing and sale practices.

### **General Business Practices and Expectations:**

1. I shall conduct myself, at all times, in an ethical manner with respect for the personal rights and needs of my clients.
2. I understand it is my responsibility to accurately represent each carrier through which I am contracted, including all regulations set forth by the carrier and applicable federal and state governmental agencies.
3. I will not make statements or engage in activities that purposefully mislead, confuse members or misrepresent the carriers, its products or Centers for Medicare and Medicaid Services (CMS).
4. I will not disparage a competitor, its plans or Original Medicare in an effort to influence an enrollment of a consumer into a specific carrier plan.
5. I will never make offers of gifts, payments or share commissions as an inducement for consumers to enroll in a product I represent.
6. I will never accept gifts or other financial incentives as an inducement to enroll consumers into a specific carrier plan, arrange to share or split any payment or commission (agent level) or otherwise allow myself to be influenced or coerced in any way into conducting unethical business.
7. I will never use any form of coercion, deception sympathy appeal or other high-pressure tactics to enroll a consumer in a product I represent. I will always give

clear and accurate information regarding the carriers I represent and will avoid the use of false, misleading or exaggerated statements.

8. I will not discriminate by reason of race, creed, color, sex, age, national origin or economic status. Enrollments in any product shall not be predicated on age or medical condition, except as provided by federal rules of access to Medicare. I understand that discrimination based on health status or disability is prohibited.
9. I understand to sell Medicare products I must annually complete and pass each carrier's required certifications and am required to keep current all applicable state licenses.

### **Applications:**

10. I will ensure that all information on the application is completed accurately by the consumer, their legal representative or by me, the agent, in their presence with their permission.
11. I will qualify all consumers to ensure they meet CMS eligibility requirements, without denying the consumer's right to apply.
12. I will not ask a consumer to sign an incomplete enrollment application or hold that application on behalf of the consumer.
13. I will promptly submit all applications upon receipt as required by BGA in accordance with each carrier's submission guidelines, using the carrier's preferred method.
14. I will only use the Writing Number issued to me by each carrier on enrollment applications. I will never use the number of another agent on enrollment applications, nor place my Writing Number or my signature on an application that I did not complete or sell.

### **Marketing:**

15. I am aware that marketing activities for Medicare products are strictly regulated by both state and federal law and by rules disseminated by CMS and I agree to comply with these requirements.
16. I understand, when marketing Medicare products, I must use sales and marketing materials that have been approved by both the carrier and CMS or meet the criteria for "generic marketing" set forth in specific carrier guidelines.

- 17. I understand that I cannot use carrier logos without prior written permission from the carrier.
- 18. I understand it is my responsibility to comply with federal and state regulations for sales and marketing activities. I commit to conducting myself and my sales activities in compliance with CMS rules and guidelines and other applicable laws and regulations.
- 19. I understand any unsolicited direct contact, including but not limited to door to door solicitation; cold calling; leave behinds at or on a consumer's personal property and emails are strictly prohibited unless requested by the consumer.

**Privacy & Security:**

- 20. I will protect the privacy of my clients and preserve the confidentiality of their records, enrollment application, and any other health information in accordance with FMO and carrier Privacy Policies and Procedures guidelines, as well as federal and state regulations.

**I understand that any deliberate violation of this stated Code of Ethics could result in termination of my contract with each carrier; and that such violation may cause the suspension of any pending compensation. I understand that BGA is required to report any breach of the Code of Ethics to the appropriate carrier's Compliance Department and/or CMS.**

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**Print Name**

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**Signature**

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