

**STATEMENT OF EMPLOYER FORM  
LIFE BROKER**

**THIS FORM MUST BE COMPLETED BY THE EMPLOYER**

1. \_\_\_\_\_  
Employee's Name Date of Birth Social Security Number

2. \_\_\_\_\_  
Employee's Address

3. \_\_\_\_\_  
Employer's Name

4. \_\_\_\_\_  
Employer's Address

5. Under what license number was the above employer continually licensed by the Superintendent of Financial Services? \_\_\_\_\_  
License Number

6. Is/was the above employee regularly employed by the above employer for a period of not less than one year during the last three years in responsible insurance duties relating to the use of life insurance, accident and health insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation? \_\_\_\_\_  
Yes No

6a. If question 6 was answered "No," is/was the above employee regularly employed by the above employer in responsible insurance duties relating to the use of life insurance, accident and health insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation for less than one year? \_\_\_\_\_  
Yes No

6b. If question 6a was answered "Yes," include the dates of employment below:

FROM \_\_\_\_\_ TO \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

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Under penalty or perjury, I affirm that I have completed this statement and the information set forth is true.

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_  
DATE SIGNATURE OF EMPLOYER TITLE

**NOTE:** If the employer is a Corporation, Partnership, Limited Liability Company or Insurance Company, this form must be signed by an officer, director or member.

# **INSTRUCTIONS FOR COMPLETION OF STATEMENT OF EMPLOYER FORM LIFE BROKER**

## **NOTICE TO EMPLOYER**

Before completing the statement of employer form and attesting to the employee's experience, please read the following instructions to determine if the employee meets the experience requirements necessary to be exempt from the education requirements as prescribed by Section 2104 of the Insurance Law.

### **THE EMPLOYEE MUST ---**

1. Be regularly employed for a minimum of one full year within the last three years. This employment may be with more than one employer. An employer must be an insurance company, insurance agent, or insurance broker licensed in New York State.
2. Perform responsible insurance duties relating to the underwriting or adjusting of losses. The duties must relate to the use of life insurance, accident and health insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation.

### **WHEN COMPLETING THE FORM**

1. Complete all numbers. Do not complete 6a or 6b unless applicable. The form will not be accepted if it is not complete.
2. If more than one employer is involved, a separate statement from each employer is required.

### **ATTACH THE FORM TO THE APPLICATION**

1. After taking the examination, attach the completed Statement of Employer Form to the application; then send us the application.