



## ACCIDENT & HEALTH LICENSE SCHOLARSHIP

Thank you for your interest in becoming part of the HEDKA team! At HEDKA we know that starting a new career can be intimidating, but we are here to help make the transition easy. By applying for the Accident & Health License Scholarship HEDKA will not only assist you in the financial portion of obtaining your state license in becoming an Accident & Health broker/agent, but will also train you on how to sell health policies!

### How It Works:

Before becoming licensed, you are required to attend 32 hours of pre-licensing education that includes 20 hours of Accident & Health instruction and 12 hours of code & ethics.

With the HEDKA Accident & Health License Scholarship, you will be partially reimbursed for your classes AND licensing fees.

You will be required to initially pay all fees upfront. Then, once you pass the state exam and enroll at least FIVE (5) Medicare applicants\* within the year, HEDKA will reimburse 50% of the pre-licensing and licensing costs\*\*.

You MUST present receipts to receive reimbursement.

*\*\*HEDKA will only reimburse ONE series of Accident & Health classes and ONE state exam fee. If student fails to complete classes or fails the state exam, HEDKA will not be responsible for reimbursement.*

*\*CareMore plans only. Clients must be enrolled for at least 90 days.*

### I'm Interested! What Do I Do Next?

All applications or additional questions shall be sent to [Annette@hedkagroup.com](mailto:Annette@hedkagroup.com).

Thank you! We look forward to having you on our team!



**ACCIDENT & HEALTH LICENSE SCHOLARSHIP AGREEMENT**

**Your Professional Information:**

**Confidential**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Class Locations**

I am interested in:  Live Classes  Online  Webinar

*For Live Courses Only:*

I would like obtain my Accident & Health License Class in:  Anaheim  Ontario  Pasadena  San Diego  Woodland Hills

*\*Please note Hedka Group will only cover 50% of the Accident & Health License costs*

*By signing below, I understand that HEDKA Group will only reimburse me 50% of ONE series of 32 Hour Accident and Health classes and 50% of ONE state exam to obtain my Accident and Health License under the California Department of Insurance. If I fail to attend classes or fail to pass the state exam, I will be responsible for any additional costs associated with making up classes or retaking the exam.*

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

**DISCLAIMER:**

The signature below acknowledges that I, \_\_\_\_\_, agree to be an exclusive Accident & Health broker with HEDKA Group Insurance Services LLC for a minimum of five (5) years. Breaking this agreement can and will be subject to legal actions.

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