

**EXHIBIT C
TO
PRODUCER AGREEMENT**

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 accident and health coverages, health maintenance organization health care plans or nonprofit organization health care plans in the State of Colorado.

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

RMHP, or any health maintenance organization, insurance company, health service corporation, or third party administrator:

- (1) that is a subsidiary of RMHP; or
- (2) that has contracted with RMHP or any subsidiary of RMHP for medical or other health care related services.

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 or 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 Agreement.

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)

(Colorado License Number)

(National Provider Number)

(Name of Contracting Producer Agency)

By: _____
(Signature)