FIS 2331 (3/23) Department of Insurance and Financial Services

Insurance Education Instructor Association Request

Submission of this form will associate or disassociate the identified Insurance Education Instructor(s) with the education provider listed. "Associate" means the education provider authorizes the instructor(s) to teach insurance education courses on behalf of this provider. "Disassociate" removes an instructor's association to the education provider; it does not change the instructor's approval status with DIFS.

Insurance Education Provider Name	Provider ID #	Date
Signature of Authorized Provider Representative	Signer's Name and Title (type or print clearly)	

List Insurance Education Instructor(s) approved by DIFS and indicate Associate or Disassociate:

Full Name of Instructor	Instructor ID #	Action Requested ☐ Associate ☐ Disassociate
☐ Approved for Pre-licensing Education (PE)	☐ Approved for Continuing Education (CE)	

Full Name of Instructor	Instructor ID #	Action Requested ☐ Associate ☐ Disassociate
☐ Approved for Pre-licensing Education (PE)	☐ Approved for Continuing Education (CE)	

Full Name of Instructor	Instructor ID #	Action Requested ☐ Associate ☐ Disassociate
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Full Name of Instructor	Instructor ID #	Action Requested ☐ Associate ☐ Disassociate
☐ Approved for Pre-licensing Education (PE)	☐ Approved for Continuing Education (CE)	

Full Name of Instructor	Instructor ID #	Action Requested ☐ Associate ☐ Disassociate
☐ Approved for Pre-licensing Education (PE)	☐ Approved for Continuing Education (CE)	

Submit completed and signed form via:

US Mail to **DIFS Insurance Licensing, P.O. Box 30220, Lansing, MI 48909-7720**

Email to Education Analyst at DIFS-Licensing@michigan.gov