



APPOINTMENT CHECKLIST

- ___ Requisition for Agent Appointment form
- ___ Producer's Agreement
- ___ Addendum - Writing Agent and General Agent Signature required
- ___ Copy of agent's insurance license
- ___ Copy of agency's insurance license
- ___ Non-resident appointment fee(s), if applicable
- ___ Direct deposit form, if applicable

AGENT INSTRUCTIONS

1. Complete, sign and date the Requisition for Agent Appointment form, Producer's Agreement and Addendum.
2. Attach a copy of your current agent license for all states you are requesting appointment.
3. Include a copy of your agency license, if required.
4. Enclose a check for all non-resident appointment fees, payable to Madison National Life, if required. (Resident appointment fees are paid by Madison National Life.)
5. Include the direct deposit form, with a voided check or saving account slip, if applicable.
6. Return all items to your General Agent. *These forms must be submitted to your General Agent. They must sign and complete the Addendum.*
7. Verify pre-appointment requirements, if any, prior to soliciting business.

SUBMIT TO:



MED South Health Plans, LLC
1375 Lenoir Rhyne Boulevard
Piedmont Center Suite 119
Hickory, NC 28602-1375

Phone: (828) 431-2073
Toll Free: 1-888-727-6682
Fax: (828) 431-2183



INDEPENDENCE HOLDING COMPANY

REQUISITION FOR AGENT APPOINTMENT

Check Type: Agent _____ Agency _____

IDENTIFICATION (please print or type)

_____ Last Name _____ First Name _____ Middle Name _____ Social Security # _____

Birth Date _____ Place of Birth _____ Age _____ Sex M [] F []

Firm Name (Agency Name Required) _____ Tax I.D. No. _____

Business Address: _____ Physical Address _____ City _____ State _____
County _____ Zip Code _____ Telephone No. _____ Fax No. _____

Resident Address: _____ Physical Address _____ City _____ State _____
County _____ Zip Code _____ Telephone No. _____ Fax No. _____

Email Address: _____

List the carrier(s) you want to be appointed with: Standard Security Life Insurance Company of New York
Madison National Life Insurance Company, Inc. [x]
Independence American Insurance Company []

List the state(s) in which you are licensed and want to be appointed in:

State _____ License # _____; State _____ License # _____
State _____ License # _____; State _____ License # _____
State _____ License# _____; State _____ License # _____

Name of Manager/Administrator/General Agent: _____

BACKGROUND - Use separate page if needed

1. Do you carry Errors and Omissions Protection? Yes [] No []

Have you ever been:

- (a) convicted of any criminal felony, involving fraud, dishonesty or a breach of trust
- (b) convicted of an offense under the Violent Crime Control and Law Enforcement Act of 1994; or
- (c) subject to disciplinary proceeding of any federal or state regulatory agency?

Yes [] No [] If yes, provide explanation:

2. Are you bonded? Yes [] No []

3. Has an application for bond ever been declined to you? Yes [] No [] If yes, for what reason?

4. Have you ever had ownership interest in a business venture which declared bankruptcy? Yes [] No []
If yes, give month, year, and details _____
5. Have you been a Judgment Debtor or ever declared personal bankruptcy? Yes [] No []
If yes, give month, year, and details _____
6. Have you ever been short in accounts with any employer? Yes [] No []
If yes, give month, year, and details _____
7. Do you owe an unpaid balance to any insurance company? Yes [] No []
If yes, give month, year, and details _____
8. Have you ever been refused any license applied for? Yes [] No []
If yes, what state(s) and why? _____
9. Has your license ever been cited, suspended or revoked by any state(s)? Yes [] No []
If yes, what state(s) and why? _____
10. Has your appointment ever been terminated involuntarily by an insurance company for reasons other than lack of production? Yes [] No []
If yes, give details: _____
11. Is any charge by any state currently pending against you or against the agency or any member of the agency? Yes [] No []
If yes, give details: _____
12. Do you work for or are you under contract to any financial institution such as a bank, a savings and loan association, any subsidiary, affiliate or holding company of such financial institution? Yes [] No []
If yes, please provide the name and address of the financial institution.

13. Are there any outstanding judgments or liens (including state or federal tax liens) against you? Yes [] No []
If yes, give details: _____

CERTIFICATION/AUTHORIZATION

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state in which I am seeking appointment and that I am withholding no information that would affect my qualification for this appointment. I further certify that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of insurance or that I have obtained consent from the appropriate insurance regulator to do so.

I also authorize the Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial sources, and/or public records, or personal interviews with third parties, such as family members, business associates, and/or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, mode of living, or educational background. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information if I so desire.

Date _____ Signature _____

Return completed form along with copies of your current license(s) to:

Madison National Life Insurance Company, Inc.
Producer Agreement

Producer Name: _____ ("Producer") Date _____

- 1) **Appointment.** Madison National Life Insurance Company, Inc. ("Company") hereby appoints Producer and authorizes Producer to solicit and procure applications for the insurance programs ("Business") identified in each Addendum attached hereto, on a non-territorial and non-exclusive basis, subject to the terms and conditions of this Agreement.
- 2) **Relationship of the Parties.** Company and Producer each agree that:
 - a) This agreement does not create a relationship of employer/employee, principal/agent, master/servant or other similar relationship between Company and the Producer;
 - b) Producer acknowledges that he/she is not and shall not be considered an agent or representative of Company and that it will not expressly or impliedly represent itself as such;
 - c) Except where state law requires otherwise, Producer is an independent insurance agent representing Producer's clients; and
 - d) Although Company may provide to Producer information, application or marketing materials ("Supplies") related to insurance programs, neither this information nor any terms contained in this Producer Agreement provides Company with any right or ability to control the Producer's activities and/or the way in which Producer communicates with any prospect, applicant or insured.
- 3) **Producer's Responsibilities.** Producer understands and agrees to:
 - a) solicit applications for insurance policies and certificates of coverage issued by Company; assist applicants in completely, honestly and accurately completing applications for insurance coverage; and submit such applications to Company promptly upon receipt of such applications from applicants;
 - b) market and promote the business using only that advertising, marketing materials and collateral materials that have been approved in advance in writing by Company;
 - c) remit all gross premiums and/or policy fees received or collected by Producer at once to Company with a full and detailed statement;
 - d) refrain from accepting any premium from any insured with the exception of the initial premium collected with the application for coverage;
 - e) service any insurance policy or certificate of coverage issued to any client of Producer in a prompt and courteous manner; *provided however*, Company reserves the right to service any insured at any time to the extent that Company deems necessary;
 - f) observe and comply with the insurance laws and regulations of the state or states in which Producer operates;
 - g) hold all Supplies furnished by Company as property of Company provided for Producer's use while this Agreement remains in effect and discontinue use of and return same upon demand;
 - h) maintain all records as required by this Agreement or as required by law; and
 - i) perform all of Producer's responsibilities contained herein in accordance with the rules and guidelines established by Company related to (a) the performance of such responsibilities; and (b) the solicitation and procurement of applications for insurance policies and certificates of coverage.
- 4) **Sub-Producer Appointment, Management and Termination.** If Producer is authorized to recruit sub-producers to solicit and procure applications with regard to the Business, Producer agrees to:
 - a) recruit and select sub-producers who are properly licensed in order to aid in the conduct of Producer's business and to assist Producer in soliciting applications; *provided however*, that Company reserves the right, exercisable at all times and in the sole discretion of Company, to refuse to allow any agent to assist Producer in soliciting applications with regard to the Business. All contracts with such agents shall be directly between Company and the sub-producer and Producer shall not have the authority to change or terminate any Agreement between Company and any sub-producer;
 - b) timely submit a fully completed Requisition for Agent Appointment Form to Company for any sub-producer the Producer intends to contract together, with copies of the sub-producer's license(s) attached. Company will notify Producer of its approval of the sub-producer and the sub-producer's appointment with the proper state prior to the sub-producer's solicitation of applications for any of the Company's products;

- c) ensure that sub-producers have been properly contracted with and appointed by Company;
 - d) manage and supervise all of Producer's sub-producers, including:
 - i) advising all sub-producer's of the record keeping requirements contained in this Agreement; and
 - ii) advising all sub-producer's of the advertising, marketing materials and collateral materials that may be used in the solicitation of applications with regard to the Business and all restrictions and limitations related to the use of unauthorized or unapproved marketing and collateral materials; and
- 5) **Notification to Company.** Producer agrees to notify Company:
- a) of any action taken by an Insurance Department Commissioner with regard to Producer's or any sub-producer's license including suspension, revocation, probation, etc., within forty-eight (48) hours of Producer becoming aware of such action;
 - b) of any complaint filed with any state Insurance Commissioner or other entity against Producer or any sub-producer, or of any crimes involving dishonesty or a breach of trust within forty-eight (48) hours of Producer becoming aware of such action;
 - c) of a change of address for Producer or any sub-producer, and remind its sub-producers to comply with applicable state laws by notifying applicable Departments of Insurance of the address change within the required number of days;
 - d) of all suspected fraud on the part of Producer or any sub-producers, insureds, employees or others within forty-eight (48) hours of receiving such information; and
 - e) if Producer desires to remove a sub-agent from Producer's hierarchy.
- 6) **Restrictions on Producer's Authority.** Producer agrees that Producer has no authority and will not:
- a) negotiate, accept, bind coverage under, or alter, any insurance contract, collect any premium thereunder except the initial premium which shall be collected with the application for coverage; or negotiate, endorse or present for payment any check, draft or other instrument made payable to the Company;
 - b) bind Company, by any promise or agreement or incur any debt, expenses or liability whatsoever in the Company's name or account;
 - c) extend the time for payment of any premium or contributions, or bind Company to the reinstatement of any terminated coverage, or accept notes for payment of premiums or contributions;
 - d) waive, alter or modify any terms, conditions or limitations of any policy, certificate, agreement, application or related literature;
 - e) modify the general practices and administrative policies and procedures of Company or its designated third party administrator, and, unless agreed to in writing by an officer of Company, will not make representations to an applicant or insured that the general practices and administrative policies and procedures of Company will be modified;
 - f) create, publish, distribute, circulate or broadcast in the media any advertising material, forms, supplies or other printed matter of any character related to, or that includes the name, logo, trade name or service mark of Company or any of the Company's third party administrators, except as furnished or specifically authorized in writing by an officer of Company;
 - g) commence legal proceedings in connection with any matter related to the Business without written consent of an officer of Company;
 - h) directly or indirectly pay, allow or give, or offer to agree to pay or give any rebate of premium or special favor or advantage to accrue under a policy, certificate or agreement, or any valuable consideration or inducement whatsoever not specified in the policy, certificate or agreement;
 - i) give any information, or make any representations concerning Company, or its policies, other than is contained in the marketing materials, or such other material as may be authorized by Company; or
 - j) represent or hold itself out as a spokesperson for Company in any administrative or judicial proceeding or inquiry by a state insurance department or any regulatory, judicial or governmental Producer of any jurisdiction without the Company's express written approval.

- 7) **Representations and Warranties.** Producer represents and warrants as follows:
- a) Producer is currently properly and appropriately licensed to solicit and procure applications for insurance policies and certificates of coverage in the jurisdiction in which Producer will perform such functions and will maintain such license during the term of this Agreement; and
 - b) Producer will comply with all statutes, regulations and administrative bulletins related to Producer's performance of Producer's responsibilities contain herein.
- 8) **Compensation.** Company and Producer each agree that:
- a) Company or its designee(s) will pay compensation to Producer in accordance with each Addendum attached hereto;
 - b) Company reserves the right to unilaterally amend the Producer Schedule of Commissions or any amendments or Addenda herein upon thirty (30) days written notice to Producer;
 - c) Renewal commissions and service fees set forth in each Addendum begins with the second policy year and is applicable thereafter as long as this Agreement is in full force and effect and the Producer is recognized as the Agent of Record by the Insured;
 - d) Producer must be appropriately licensed in the state in which coverage is issued and must remain appropriately licensed in order to receive compensation related to the solicitation, procurement or sale of insurance policies or certificates of coverage;
 - e) If Company for any reason refunds any premium or part of a premium on any policy, any commissions paid to Producer on the amount refunded shall be repaid to Company or Company may deduct such commission for any amounts Company subsequently owes to Producer;
 - f) Company may offset against any compensation due Producer herein, any amounts now due or which may become due at any time from Producer, and these amounts shall be a first lien against the compensation due Producer under this Agreement;
 - g) Producer may not assign the compensation accruing under this Agreement or any interest therein except with the prior written consent of Company, and any assignment by Producer shall always be subject to the lien provided for in the preceding paragraph, whether for debts or liabilities existing at the time of assignment or thereafter arising;
 - h) In the event that this Agreement terminates Producer shall be entitled to continue to receive compensation in accordance with this Section 8; provided, however, in the event that this Agreement is terminated by the Company at any time pursuant to Section 10 (c)(ii) or (iii), all of Producer's rights under this Agreement, including Producer's rights to any commissions to which Producer might otherwise become entitled shall terminate upon the termination of this Agreement; and
 - i) In the event that Producer receives advance commissions from Company, as condition for receiving the Advance commission, Producer hereby agrees to the following.
 - i) The advance commission is a loan which shall be secured by the Producer's future earned commission.
 - ii) The outstanding advance commission loan balance will accrue interest at nine percent (9%) per annum; which is subject to change at Company's discretion with 30 days written notice to Producer.
 - iii) Producer shall repay the advance commission loan balance by allowing the Company to deduct up to one-hundred percent (100%) of the Producer's monthly earned commission payable and apply such amount to the repayment of the outstanding advance commission loan balance until such time as Producer no longer has any advance commission loan balance.
 - iv) The Company shall have a first lien and right of offset against the compensation due Producer under this Agreement or any other agreement or arrangement between the Company and Producer for any outstanding balance for advance commission paid to Producer;

- v) Producer hereby guarantees to Company the timely payment of unpaid advance commission loan balance of all sub-producers assigned to Producer and agrees to pay to Company any indebtedness incurred but not repaid by any sub-producer assigned to Producer. Upon repayment by Producer of any amount owed to Company by a sub-producer of Producer, Company shall assign Company's rights and interests to such outstanding indebtedness to Producer and Producer shall have the right to collect such outstanding indebtedness directly from its sub-producer.
 - vi) This entire section shall survive the termination of all contractual relationships between Company and Producer.
 - vii) The Company reserves the right without limitation or notice to modify or terminate the amount of any advance commission paid to Producer.
 - viii) In the event it becomes necessary to enforce payment of this indebtedness through legal action, Producer agrees to reimburse Company all expenses incurred by Company in doing so including, without limitation, attorney fees, legal expenses and court costs
 - j) Producer shall not be entitled to any compensation for services of any kind rendered to or for Company by Producer, agents or employees of Producer except as enumerated in this Agreement.
- 9) **Termination of Agent of Record.** A request by an insured or group policyholder to terminate Producer as Agent of Record, communicated in writing to Company, shall terminate any accrual of commission or other remuneration for such account effective as of the first day of the month following receipt of the request; provided, however, that no request shall be honored and the Agent of Record shall not be changed prior to the first anniversary of the policy or certificate of coverage. If a change of Agent of Record request is received prior to the first anniversary of the effective date of the policy or certificate of coverage, the new Agent of Record is not eligible for commission prior to the first anniversary of the policy or certificate of coverage. The request for change of Agent of Record shall terminate Producer's obligation to provide any further service to such insured or policyholder. Producer agrees to notify Company in writing within thirty (30) days of receiving written notice from an individual or policyholder that it is terminating its relationship with Producer. Any request by an insured or group policyholder to change an Agent of Record must be in writing, on the insured's or group's stationary or letterhead, and must be signed by an appropriate representative of the insured or group policyholder.
- 10) **Effective Date, Term and Termination.** Company and Producer each agree that:
- a) This Agreement, together with any Addenda hereto, shall become effective as of the date executed by Company below.
 - b) This Agreement, together with any Addenda hereto, shall continue until terminated by either party pursuant to this section.
 - c) This Agreement, together with any Addenda hereto, shall terminate:
 - i) Thirty days following written notice by either party mailed to the last known address of such other party;
 - ii) Immediately upon notice from Company to Producer for any act of dishonesty or fraud as determined at Company's sole discretion;
 - iii) Automatically without any notice upon revocation, termination or non-renewal of Producer's license;
 - iv) Automatically terminate without notice following the date of a sole-proprietor Producer's death with no accrual of commissions following the termination date; or
 - v) If Producer is a partnership or corporation, automatically without notice on the date of dissolution of the partnership or corporation with no accrual of commissions following the effective date of termination.
- 11) **Reservation of Rights.** Company and Producer each agree that Company reserves the right:
- a) To discontinue or withdraw any plan of insurance and to set the commission percentage rates on plans which are now, or may hereafter be offered by Company.
 - b) To change commission percentage rates by providing a dated amendment to this Agreement.
 - c) To solicit and write business directly or through other producers or agencies in the same geographic area as Producer and Producer shall have no exclusive right to represent Company within any territory.

- 12) **Agent Appointment.** Producer is responsible for costs associated with its non-resident agent appointment(s). Company will advance on behalf of Producer such fees. Producer authorizes Company to recover non-resident appointment fees from Producer's first payable compensation. Producer agrees to reimburse Company for any appointment fees advanced by Company, within six months of appointment, in the event there is no payable compensation. Producer authorizes Company to pay any future non-resident appointment renewal fees out of the Producer's payable compensation, as described in Section 7. If the Producer has no payable compensation at the time of non-resident appointment renewal, Producer agrees to remit reimbursement to Company within 30 days of payment by Company.
- 13) **Liability.** Producer shall indemnify Company for, and hold Company harmless against, any and all claims, actions, liabilities, losses, damages of any nature, whether compensatory or punitive, judgments, awards, or settlements, charges and expenses, including court costs and attorney's fees, that Company may at any time sustain or incur by reason of any unlawful or negligent act or omission of Producer, and any misrepresentation by Producer, or any breach by Producer of the terms of this Agreement.
- 14) **Confidentiality.** Producer agrees to protect the confidentiality of protected health information in accordance with Exhibit A which is attached hereto and incorporated herein.
- 15) **Miscellaneous.** Producer understands and agrees that:
 - a) This Agreement, which includes the Producer Commission Schedule and any amendments and Addenda thereto, contains the entire understanding between the parties on the subject matter of this Agreement. No representations, inducements, promises or agreements, oral or otherwise, not embodied in this written Agreement shall be of any force or effect. This Agreement supersedes and replaces any and all contracts or agreements, whether oral or written between the parties on the subject matter of this Agreement. No oral promises or representations shall be binding nor shall this Agreement be modified except by agreement in writing, executed on behalf of Company.
 - b) No failure or delay on the part of either party in exercising any right, remedy, power or privilege herein shall operate as a waiver thereof unless a written memorandum specifically expressing such waiver, and signed by an officer of Company, is forwarded to Producer. No waiver of any breach of any provision of this Agreement shall constitute a waiver of any prior, concurrent or subsequent breach.
 - c) Neither this Agreement nor any accruals of commissions or other remuneration shall be assigned, transferred or pledged by either party without the prior written consent of the other.
 - d) If any clause or provision of this Agreement is or becomes illegal, invalid or unenforceable, such provision shall be severed and the remaining provisions of this Agreement shall continue in full force and effect.
 - e) This Agreement shall be binding upon and inure to the benefit of the parties and their permitted successors and assigns.

The Producer and signer jointly and severally guarantee all obligations of the Producer under this Agreement.

Producer Signature

Madison National Life Insurance Company

Printed Name

Title

Printed Name

Title

Date

Date

EXHIBIT A - Confidentiality Agreement

- 1) **Purpose.** The Purpose of this Exhibit is to demonstrate both parties' commitment to full compliance with all applicable privacy rules and regulations governing the use and disclosure of individually identifiable personal health and financial information by establishing contractual standards for such use and disclosure.
- 2) **Definitions.** Terms used this Exhibit are defined as follows:
 - a) *Administrative Safeguards* means administrative actions, policies and procedures to manage the selection, development, implementation, and maintenance of security measures to protect electronic Protected Health Information and to manage the conduct of the covered entity's workforce in relation to the protection of Protected Health Information.
 - b) *Disclose or Disclosure* means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
 - c) *Individual* means the person who is the subject of protected health information and shall include persons who qualify as a personal representative.
 - d) *Individually Identifiable Health Information* is health information, including demographic information collected from an individual, that:
 - i) Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
 - ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - iii) Either identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
 - e) *Personally Identifiable Financial Information* means any information regarding a specific consumer that is obtained in connection with the services being provided herein.
 - f) *Physical Safeguards* means physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion.
 - g) *Privacy Rule* means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
 - h) *Protected Personal Information ("PPI")* means Personally Identifiable Financial Information and Individually Identifiable Health Information that is maintained in any form, including electronic media and/or transmitted in any form, including by electronic media.
 - i) *Required by Law* has the same meaning as the term "required by law" in 45 CFR §164.501.
 - j) *Security Rule* means the Security Standards at 45 CFR Part 160, Part 162 and Part 164.
 - k) *Security Incident* means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
 - l) *Technical Safeguards* means the technology and the policy and procedures for its use that protects electronic Protected Health Information and controls access to it.
 - m) *Use* means, with respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
- 3) **Producer's Privacy Obligations.** At all times Producer agrees to:
 - a) Refrain from using or disclosing PPI for any purpose other than for the purpose of the business discussions as described in the Agreement, including this Exhibit, as specifically required in order to perform the services for which Producer has been engaged or as permitted by law;
 - b) Implement and utilize appropriate safeguards to prevent the Use or Disclosure of PPI other than as provided for by this Agreement;
 - c) Mitigate, to the extent practicable, any harmful effect that is known to Producer as a result of a Use or Disclosure of PPI by Producer in violation of the requirements of this Agreement;
 - d) Report to Company any Use or Disclosure of PPI not provided for by this Agreement of which Producer becomes aware;
 - e) Make Producer's internal practices, books, and records, including policies and procedures, relating to the Use and Disclosure of PPI available to Company or to the Secretary of the Department of Health and Human Services for purposes of determining Company's compliance with the Privacy Rules;
 - f) Document Disclosures of PPI and information related to such Disclosures as would be required in order to permit Company to respond to a request by an Individual for an accounting of such Disclosures of PPI in accordance with the Privacy Rule;
 - g) Implement and utilize safeguards to Use or Disclose only the minimum necessary information in the performance of Producer's obligations under this Agreement; and

- h) Refrain from Using or Disclosing PPI for any marketing purposes not authorized by this Agreement.
- 4) Producer's Security Obligations. At all times Producer agrees to:
- Implement Administrative Safeguards, Physical Safeguards, and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Company;
 - Enter into a contractual agreement with any subcontractor to whom it provides such information that requires such subcontractor to implement reasonable and appropriate Administrative Safeguards, Physical Safeguards, and Technical Safeguards to protect electronic Protected Health Information that the subcontractor creates, receives, maintains, or transmits on behalf of Company as part of Producer's performance of the delegate administrative services; and
 - Report to Company any Security Incident of which Producer becomes aware.
- 5) Company's Obligations. At all times Company agrees to:
- Notify Producer of any limitation(s) in Company's Notices of Privacy Practices, to the extent that such limitation may affect Producer's Use or Disclosure of PPI;
 - Notify Producer of any changes in, or revocation of, permission by an Insured to Use or Disclose PPI, to the extent that such changes may affect Producer's Use or Disclosure of PPI;
 - Notify Producer of any restriction to the Use or Disclosure of PPI to which Company has agreed, to the extent that such restriction may affect Producer's Use or Disclosure of PPI;
 - Refrain from requesting that Producer Use or Disclose PPI in any manner that is not legally permissible if done by Company except to the extent necessary for any data aggregation services or Producer's management and administrative activities.
- 6) Term and Termination.
- The Term of this Exhibit shall be effective as of effective date of the Agreement and shall terminate as of the termination of the Agreement.
 - Upon Company's knowledge of a material breach of this Exhibit by Producer, Company shall, at its discretion, either:
 - Provide an opportunity for Producer to cure the breach or end the violation or terminate the Agreement in accordance with Section 17.6 of the Agreement; or
 - If cure is not possible, immediately terminate the Agreement.
 - If neither termination nor cure is feasible, Company may report the violation to the Secretary of the Department of Health and Human Services at its discretion.
- 7) Obligations upon Termination of this Agreement
- Upon the termination of the Agreement, Producer shall return to Company all PPI that Producer has in its possession and retain no copies of such PPI, except for that PPI necessary for Producer's management and administrative activities. This provision shall apply to PPI that is in the possession of contractors, consultants and vendors of Producer.
 - If Producer is unable to return the PPI provided to Producer by Company or created by Producer on Company's behalf, Producer shall:
 - Provide to Company notification of the conditions that make return or destruction infeasible; and
 - Permanently destroy by shredding or otherwise destroying all paper or other hard copy media on which it is recorded, and/or erasing it from any hard drive, tape, diskette, compact disk or other electronic medium on which it has been stored using a method which renders the information unrecoverable.
 - If the return or destruction of the PPI is not feasible, Producer shall extend the protections of this Agreement to, and comply with its obligations herein regarding, the PPI and not make any further Use or Disclosure of the PPI.
- 8) Amendment. The Parties agree to take such action as is necessary to amend this Exhibit from time to time as is necessary for Company to comply with the requirements of the Privacy Rule, the Security Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- 9) Regulatory References. A reference in this Exhibit to the Privacy Rule or Security Rule means the Section of the Privacy Rule or Security Rule then in effect or as amended.
- 10) Interpretation. Any ambiguity in this Agreement shall be resolved to permit Company to comply with the Privacy Rule, the Security Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.



Madison National Life Insurance Company ("MNL") offers Direct Deposit of your commission or service fees into your bank account.

- Benefits of the Direct Deposit program are:
- Faster receipt of commissions
 - No lost checks
 - No trips to the bank to deposit funds

If you are on the Direct Deposit program, you will soon receive your statements on the website, <http://medlife.iacusa.com/>. No paper statement will be mailed.

The authorization below states that we may make debit entries to your account only in the rare case of a bank error or commission processing error. *We will NOT deduct debit balances from your bank account.*

To participate in the Direct Deposit Program, please complete the authorization form below. *Please sign the form and attach a voided check or a savings deposit slip to the form, and mail to the Agent Contracting Department PO Box 35607 Phoenix AZ 85069.*

If you change your bank account number, please notify us immediately to avoid any delays in your commission or service fees. *A written request along with a new voided check or deposit slip is required to change this information.*

Direct Deposit Authorization

Please complete and return to the Agent Contracting Department

Agent Name/Corporation Name: _____ Date: _____

Agent Number/Numbers: (Please list all agent numbers used) _____

Social Security or Tax ID Number: _____

E-mail Address: _____

I authorize MNL to initiate electronic credit entries for commissions or service fees due. Debit entries will only be made in the rare case of an error either by the bank or MNL to correct a credit entry previously made or a commission processing error.

- Checking Account (Attach a voided check and sign below)**
- Savings Account (Attach a savings deposit slip and verify with your bank your routing/transit number.) If depositing to a savings account, please ask your bank to give you the Routing/Transit Number for your account. This is not always the same as on a savings deposit slip. This will ensure your commission deposits are made correctly.)**
- Change of Account**

As of, _____ my bank information is as follows. In order to change the bank information, I
(date)

must submit a written request along with a new voided check or deposit slip.

Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit Number: _____ (9 digit number – if unsure, contact your bank)

Account Number: _____

This authority will remain in effect until MNL has received written notice from me. I agree to contact MNL in writing if I change banks or bank accounts for my deposits.

Signature: _____

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/
Sole proprietor Corporation Partnership Other ▶ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II Instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

FEES MUST BE PAYABLE TO : MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Legend
 Immed: Approval for stated activity is granted by DOI immediately upon obtaining a contract with the agent
 DOI: Point at which confirmation of approval is received from Department of Insurance
 WP: Waiting period in place – the noted number of working days must pass after the forms are mailed by carrier to the state

STATE	RESIDENT AGENT APPOINTMENT REQUIREMENTS	NON-RESIDENT AGENT APPOINTMENT REQUIREMENTS	WHEN AGENT MAY SOLICIT	WHEN AGENT MAY RECEIVE COMMISSIONS (*ADDITIONAL REQUIREMENTS WHEN COMMISSIONS ARE PAID TO THE AGENCY)
ALABAMA	\$30.00 Fee Agent's License	\$30.00 Fee Agent's home state license Non-Resident license	Immed	DOI
ARIZONA	No Fee Agent's License	No Fee Agent's home state license Non-Resident license	Immed	Immed ** Agency license for resident & non-resident
ARKANSAS	No Fee (Carrier Pays Fee) Include agent's full middle name on data sheets Agent's License	No Fee (Carrier Pays Fee) Include agent's full middle name & date of birth on licensing forms Agent's home state license Non-Resident license	Immed	DOI **Agencies must provide FSL Data Sheet and license for each agent licensed with agency regardless of intent to sell products Agency's license for resident and non-resident
CALIFORNIA	\$24.00 fee Brokers (No Fee) Agent's License or Brokers License	\$24.00 fee Brokers (No Fee) Agent's home state license Non-Resident license	Immed	Immed
COLORADO	No Fee Agent's License	No Fee Agent's home state license Non-Resident license	Immed	Immed **Agency's license for resident and non-resident
FLORIDA	\$60.00 fee Agent's License If agent holds Florida Life/Health appointment with an authorized insurer: Agent's License No Fee (Agent may write up to 24 cases per year through an appointed general agent)	\$60.00 fee + \$6 Fee per County (Minimum of 1 county) Must indicate name(s) of county Agent's Home State License Non-resident License	Immed If agent holds Florida Life/Health appointment with an authorized insurer	DOI If agent holds Florida Life/Health appointment with an authorized insurer ** Agencies are not licensed; however commissions to an agency is allowed
	If agent does not hold Florida Life/Health appointment with an authorized insurer: Agent's License \$60.00 Fee	Agent's Home State License Non-resident License 60.00 fee + \$6 Fee per County (minimum of 1 county) (Must indicate name(s) of county)	DOI	DOI

FEES MUST BE PAYABLE TO : MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

STATE	RESIDENT AGENT APPOINTMENT REQUIREMENTS	NON-RESIDENT AGENT APPOINTMENT REQUIREMENTS	WHEN AGENT MAY SOLICIT	WHEN AGENT MAY RECEIVE COMMISSIONS (ADDITIONAL REQUIREMENTS WHEN COMMISSIONS ARE PAID TO THE AGENCY)
GEORGIA	\$21.00 fee Agent's License Original GID 122A/122T form (FSL ONLY)	\$21.00 fee Agent's home state license Non-Resident license GID 122A/122T form (FSL ONLY-FAX FORM IS ACCEPTABLE)	DOI	Immed after carrier submits to the state **Agency's license for resident and non-resident; however agencies not appointed, carrier requires copy of license
IDAHO	No Fee Agent's License or Brokers License	No Fee Agent's home state license Non-Resident license	Immed	Immed **Agency's license for resident and non-resident
ILLINOIS	No Fee Agent's License	No Fee Agent's home state license Non-Resident license	Immed	Immed **Agency's license (Certificate of Registration) for resident and non-resident
INDIANA	No fee Agent's license	No fee Agent's home state license Non-Resident license	Immed	Immed **Agency's license for resident and non-resident Per the Indiana Ins Dept: If all partners in a partnership are licensed w/in the state of IN for the same lines, then Commissions may be paid to the partnership
IOWA	No fee Agent's license	No fee Agent's home state license Non-Resident license	Immed	DOI
KANSAS	\$5.00 fee Brokers (No Fee) Agents License or Brokers License If submitting between October 1- December 30, a \$10 appointment fee is needed (\$5.00 initial appointment fee + \$5.00 renewal fee)	\$5.00 fee Agent's home state license Non-resident license Broker (no fee) If submitting between October 1- December 30, a \$10 appointment fee is needed (\$5.00 initial appointment fee + \$5.00 renewal fee)	Immed	DOI **Agency's license for resident and non resident, \$5.00 fee and affiliation list Additional (FSL) requirements: All agents holding life and health licenses are automatically appointed, whether they intend to sell FSL products or not. You must submit an appointment fee for each member.
KENTUCKY	\$40.00 fee Agencies Fee \$100 Agent's license	\$50.00 Fee Agencies Fee \$120 Agent's home state license Non-Resident license	Immed	DOI **Resident Agency license and \$40.00 Fee Non-Resident Agency license and \$50.00 Fee - Non-Resident corporations licensed only if office is domiciled in Kentucky
MICHIGAN	\$5.00 fee If submitting paperwork between January 1-March 31 st a \$10.00 appointment fee is needed, (\$5.00 initial appointment fee + \$5.00 renewal fee) Agent's license Agencies must appoint an officer	\$5.00 fee If submitting paperwork between January 1-March 31 st a \$10.00 appointment fee is needed, (\$5.00 initial appointment fee + \$5.00 renewal fee) Agent's home state license Non-Resident license Agencies must appoint an officer	Immed	DOI **Agency license for resident and non-resident and appointment fee \$5.00 Michigan requires Officer to be appointed in addition to the agent and agency. If agent is not the Officer, than all three must be appointed.

FEES MUST BE PAYABLE TO : MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

STATE	RESIDENT AGENT APPOINTMENT REQUIREMENTS	NON-RESIDENT AGENT APPOINTMENT REQUIREMENTS	WHEN AGENT MAY SOLICIT	WHEN AGENT MAY RECEIVE COMMISSIONS (**ADDITIONAL REQUIREMENTS WHEN COMMISSIONS ARE PAID TO THE AGENCY)
MISSISSIPPI	\$10.00 fee If submitting paperwork between November 1-December 31, a \$20.00 appt fee is needed. (\$10.00 initial fee + \$10.00 renewal fee) Agent's license	\$10.00 fee If submitting paperwork between November 1-December 31, a \$20.00 appt fee is needed. (\$10.00 initial fee + \$10.00 renewal fee) Agent's home state license Non-resident license	Immed Must obtain appointment within 15 days of contract or submission of business	DOI **Agency's license for resident and non-resident; however agencies not appointed, carrier requires copy of license \$10.00 Fee
MISSOURI	No Fee Brokers (no fee) Agent's license or Brokers License	No Fee Agent's home state license Non-resident license Broker (no fee)	Immed	Immed **Agency's license for resident and non-resident; however agencies not appointed, carrier requires copy of license
NEBRASKA	\$10.00 fee If submitting paperwork between March 1-April 15, a \$20.00 appt fee is needed. (\$10.00 initial fee + \$10.00 renewal fee) Brokers (no fee) Agent's license or Brokers License Agencies must provide current license	\$10.00 fee If submitting paperwork between March 1-April 15, a \$20.00 appt fee is needed. (\$10.00 initial fee + \$10.00 renewal fee) Agent's home state license Non-resident license Broker (no fee) Agencies must provide current license	Immed	DOI **Agency's license for resident and non-resident; however agencies not appointed, carrier requires copy of license
NEVADA	\$15.00 Brokers (no fee) Agent's license or Brokers License	\$15.00 Agent's home state license Non-resident license Broker (no fee)	Immed	DOI **Agency's license for resident and non-resident; Nevada appoints both agent and agency. \$15.00 appointment fee. Sole Proprietors are acceptable in the state of Nevada (Sole Proprietor = agent is paying commissions to an agency and using his SS#)
NEW MEXICO	\$23.00 fee Agent's license	\$23.00 fee Agent's non-resident license	DOI	Immed **Agency's license for resident and non-resident; however agencies not appointed, carrier requires copy of license
NORTH CAROLINA	\$20.00 fee Brokers (no fee) Agent's license or Brokers License	\$20.00 fee Agent's home state license Non-resident license Broker (no fee)	WP	Immed after carrier submits to state **Agencies license for resident and non-resident; however agencies not appointed, carrier requires copy of license \$20.00 appointment fee

FEES MUST BE PAYABLE TO : MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

STATE	RESIDENT AGENT APPOINTMENT REQUIREMENTS	NON-RESIDENT AGENT APPOINTMENT REQUIREMENTS	WHEN AGENT MAY SOLICIT	WHEN AGENT MAY RECEIVE COMMISSIONS (**ADDITIONAL REQUIREMENTS WHEN COMMISSIONS ARE PAID TO THE AGENCY)
NORTH DAKOTA	\$10.00 fee If submitting paperwork between December 1-March 1, a \$20.00 appt fee is needed. (\$10.00 initial fee + \$10.00 renewal fee) Agent's license Agency license	\$10.00 fee If submitting paperwork between December 1-March 1, a \$20.00 appt fee is needed. (\$10.00 initial fee + \$10.00 renewal fee) Agent's home state license- Non-resident license	Immed after carrier submits to the state	DOI **Agency must include an affiliated agent
OHIO	\$20.00 fee If submitting paperwork between March 1-June 30, a \$40.00 appt fee is needed. (\$20.00 initial fee + \$20.00 renewal fee) Agency \$20 Fee + \$20 per person Agent's license	\$20.00 fee If submitting paperwork between March 1-June 30, a \$40.00 appt fee is needed. (\$20.00 initial fee + \$20.00 renewal fee) Agency \$20 Fee + \$20 per person Agent's home state license Non-resident license	Immed	DOI **Agency license for resident and non-resident Appointment fee \$20.00
OKLAHOMA	\$40.00 fee Agency \$40 Fee + \$40 per agent Broker (no fee) Agent's license	\$40.00 fee Agency \$40 Fee + \$40 per agent Agent's home state license Non-resident license Broker (no fee)	Immed	DOI **Agency license for resident and non-resident Appointment fee \$40.00
PENNSYLVANIA	\$15.00 fee Brokers (no fee) Agent's license or Brokers License	\$15.00 fee Agent's home state license Non-resident license Broker (no fee)	WP	WP - Immed after carrier submits to the state
SOUTH CAROLINA	No fee Agent's License or Brokers License Date of Birth is mandatory on licensing forms Agency must provide FSL data sheet and current license	No fee Agent's home state license Non-resident license Date of Birth is mandatory on licensing forms Agency must provide FSL data sheet and current license	Immed	DOI **Agencies license for resident and non-resident, however agencies not appointed, carrier requires copy of license
SOUTH DAKOTA	\$10.00 fee Agent's license Agency \$10.00 + \$10.00 per agent writing business	\$20.00 fee Agent's Non-resident license Agent's home state license Agency \$20.00 + \$20.00 per agent writing business	Immed	DOI ** Agencies must include an affiliate agent
TENNESSEE	\$15.00 fee Agent's license	\$15.00 fee Agent's home state license Non-resident license	Immed	DOI ** Agencies are not licensed, however commission to an agency is allowed

FEES MUST BE PAYABLE TO : MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

STATE	RESIDENT AGENT APPOINTMENT REQUIREMENTS	NON-RESIDENT AGENT APPOINTMENT REQUIREMENTS	WHEN AGENT MAY SOLICIT	WHEN AGENT MAY RECEIVE COMMISSIONS (**ADDITIONAL REQUIREMENTS WHEN COMMISSIONS ARE PAID TO THE AGENCY)
TEXAS	\$10.00 Fee Agent's license	\$10.00 Fee Agent's home state license Non-resident license	Immed	DOI **Agency license for resident and non-resident. No Fee
UTAH	No fee Brokers (no fee) Agent's license or Brokers License	No fee Agent's home state license Non-resident license Broker (no fee)	Immed	DOI **Agency's license for resident and non-resident Appointment fee \$12.00
VIRGINIA	\$14.00 fee Agent's license Agency must include affiliated agent plus all above items	\$14.00 fee Agent's home state license Non-resident license Agency must include affiliate agent plus all above items	Immed	DOI **Agencies license for resident and non-resident Appointment fee \$14.00
WEST VIRGINIA	\$25.00 fee Agent's license	\$25.00 fee Agent's home state license Non-resident license	WP – Immed after carrier submits to the state	WP – Immed after carrier submits to the state
WISCONSIN	\$7.00 fee Agent's license Agency must include FSL data sheet	\$24.00 fee Agent's home state license Non-resident license Agency must include FSL data sheet	Immed	DOI ** Agencies may receive commissions without being licensed
WYOMING	\$15.00 fee If submitting paperwork between Jan 1-March 1 a \$30 appt. fee is needed. (\$15 initial appt. fee + \$15 renewal fee) Agent's license	\$15.00 fee If submitting paperwork between Jan 1-March 1 a \$30 appt. fee is needed. (\$15 initial appt. fee + \$15 renewal fee) Agent's home state license	Immed	DOI **Business entities are not appointed, however they must be licensed as a producer in order to receive commissions