



**NIA National Insurance Agency**

**Contracting/Appointment Checklist**

- NIA Application for Appointment**
- Agent Status and Commission Advice Form**
- Company Appointment Forms**  
 **Assurant**     **Golden Rule**
- NIA General Agent's Contract**
- Agent Commission Schedule**
- W-9**
- Advancing Guidelines**
- Agent's Email Verification Form**
- Copy of Errors & Omissions**
- \$25.00 Processing Fee**
- \$ State Appointment Fees see Fee Chart (You may combine the Assurant fees and the \$25 processing fee in one check, this needs to be made out to NIA)**
- Complete the Credit Card Authorization Form for Golden Rules Fees**
- NIA Authorization Agreement for Direct Deposit**

**Please Submit All Contracts and Fees to:**

**MedSouth Health Plans LLC.  
1375 Lenoir Rhyne Blvd  
Piedmont Center Suite 119  
Hickory, NC 28602-1375  
828-431-2073-Phone  
888-727-6682-Toll Free  
828-431-2183-Fax**



National Insurance Agency

|                      |       |
|----------------------|-------|
| Home Office Use Only |       |
| Agent ID             | _____ |
| Date                 | _____ |

# Application for Appointment

Please type or print.

|  |                                   |                        |        |
|--|-----------------------------------|------------------------|--------|
| Legal Name (Last, First, Middle)   |                                   | Preferred First Name   |        |
| Residence Address (Street, City, State, Zip Code)  |                                   |                        |        |
| Date of Birth  | Place of Birth                    | Social Security Number |        |
| Business Mailing Address (P.O. Box, City, State, Zip Code)   |                                   |                        |        |
| Business Street Address (Must have for shipping supplies - Street, City, State, Zip Code)  |                                   |                        |        |
| Business Telephone Number<br>( )   | Residence Telephone Number<br>( ) | Fax Number<br>( )      | County |
| COMMISSIONS ARE TO BE PAID TO (Please check one):  |                                   |                        |        |
| <input type="checkbox"/> Yourself (Social Security No.)  |                                   |                        |        |
| <input type="checkbox"/> Your Agency (Agency Name) _____   |                                   | Tax I.D. No.* _____    |        |
| *One agent per Tax I.D. No. - all other agents assigning commissions to this agency and Tax I.D. No. must complete an Assignment of Commissions form. Also, if you are assigning commissions to your manager, please complete the Assignment of Commissions form instead of this form. |                                   |                        |        |

E-mail Address: \_\_\_\_\_ Web Site Address\*: \_\_\_\_\_  
 \*Any web site or internet that references National Insurance Agency managed health insurance plans must be pre-approved in writing by National Insurance Agency.

Are you licensed with the state insurance department in your resident state to solicit life and health insurance?  Yes  No  
 If yes, please enclose a photocopy of your license. License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

- Do you currently have a nonresident insurance license in any state(s)?  Yes  No If yes, list state(s) \_\_\_\_\_
- Do you have any indebtedness with any agency or company?  Yes  No  
 If yes, give name of agency or company \_\_\_\_\_  
 Amount and repayment agreement \_\_\_\_\_
- Have you ever filed for bankruptcy?  Yes  No If yes, explain \_\_\_\_\_  
 Have you ever been refused a bond?  Yes  No If yes, explain \_\_\_\_\_  
 Do you currently have a Federal Tax Lien?  Yes  No If yes, explain \_\_\_\_\_
- Have you been convicted of a felony in the last 10 years, or a misdemeanor, other than a non-DUI traffic offense, in the last five years?  
 Yes  No If yes, give details \_\_\_\_\_
- Have you ever had your insurance license suspended or revoked?  Yes  No If yes, explain \_\_\_\_\_
- A routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning your character, general reputation, personal characteristics and mode of living. By signing this agreement, you are granting permission to National Insurance Agency or its duly authorized representative to contact or release any information to any organization or individual who has knowledge of your past or present employment and financial status. I agree not to solicit business until I am licensed. I understand and agree that the insurance carrier(s) has no obligation to me for commissions, expenses or any compensation whatsoever in connection with services performed or the solicitation of applications for insurance, it being expressly understood that I am under direct contract with National Insurance Agency and that all commissions due on business produced by me, will be disbursed by National Insurance Agency. **I attest to the truth and completeness of the foregoing statements and answers. I certify that I have read, understand and agree to be bound by the conditions identified above and in the Producer Agreement and supplements.**

A photocopy of this Authorization shall be as valid as the original. Applicant Signature **X** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

- In which state(s) do you wish to be appointed? \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 (Include required form, fee, if applicable, and copy of license for each state and carrier.)
- For which product(s) do you wish to be contracted? \_\_\_\_\_

|  |                        |      |
|--|------------------------|------|
| I hereby recommend approval of this appointment. | NIA Manager's Code No. | Date |
| _____<br>Signature of Manager (if applicable)    |                        |      |

## **GENERAL AGENT CONTRACT**

This Contract and the Commission Schedule (s) attached hereto and a part of hereof for all purposes referred to as this Contract, made on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between National Insurance Agency, Inc. ("NIA") of Dallas, TX (hereinafter referred to as Company) and General Agent/Agent - \_\_\_\_\_ (hereinafter referred to as "General Agent" or "Agent").

### **INDEPENDENT CONTRACTOR**

It is expressly agreed that the relationship intended by this Contract between General Agent and Company shall be that of an Independent Contractor only, and that nothing contained herein shall be construed to create the relationship of employer and employee. This Contract or any benefit hereunder may not be assigned, transferred, or pledged by the General Agent.

### **MANNER OF CONDUCTING BUSINESS**

Agent's clientele may be developed by him by any lawful means. He shall select his own hours and work days and is under no obligation to account to the Company for his time. Company will hold and/or will sponsor meetings, seminars, and/or webinars to train, educate, and acquaint the Agent with new products, sales techniques for the benefit of the Agent, and updates on changes to the products and to the Company's website. Attendance at meetings will be at the expense of the Agent. Agent shall be free to exercise his own judgment as to the time, routine, place, and method and manner by which he solicits insurance. Agent agrees to grant the Company the right of first refusal on all applications. Agent shall not solicit outside the jurisdiction for which he is licensed or contrary to the laws or insurance regulations of states where he operates. The Company may from time to time make available to the Agent supplies, leads, name lists, advertising matter, and other material designed to assist Agent in soliciting business. All such material and other policyholder information, whether past, current, or prospective, acquired by Agent shall remain the sole property of the Company, shall not be duplicated, and shall be returned to the Company within five (5) days after the termination of this Contract.

It is the policy of the Company and is mandatory that all Agents shall maintain a valid e-mail address on file with the Company and its associated companies and shall not unsubscribe from the Company's and its associated companies' databases and e-mail lists while the Agent remains with the Company and its associated companies and/or while Agent has an outstanding debit balance. In the event that Agent requests removal from the Company's and its associated companies' databases and/or e-mail lists, Agent will be subject to being placed on probation or terminated at the Company's option. All such requests must be in writing and signed by the Agent. Before the Company will remove the Agent from the Company's and its associated companies' databases and e-mail lists, the Company must receive the original signed request for removal from Agent and Agent's debit balance must be paid in full. If Agent requests removal from the Company's and its associated companies' databases and/or e-mail lists, the Company and its associated companies will place Agent's contacts on probation/suspension. The foregoing applies to all agents: General Agents, Managing Agents, and agents.

### **EXPENSES**

Agent shall be responsible for all expenses incurred in the production of insurance for the Company. Agent shall at his own expense furnish his own means of transportation, office or place of business, advertisements, letters, letterhead, circulars, and any other relevant expenses incurred in the solicitation of insurance for the Company. Agent shall be responsible to Company for all losses or damages arising from business done by and entrusted to him and shall indemnify and hold the Company harmless from any and all expenses, costs, causes of action, losses, or damages resulting from fraudulent or unauthorized acts or omissions by Agent and any agent(s) under contract with the Company and assigned to Agent. Agent shall be responsible for any expenses created by Agency on Agent's behalf.

### **POWERS, DUTIES & RESPONSIBILITIES**

During the continuance of this Contract the Agent has the authority to:

- A. Remit all applications for insurance to the Company for approval or rejection and to collect only the initial premium payments due on such applications.
- B. Procure through agent(s) or personally through the Company, applications for insurance written by the Company.
- C. When authorized by the Company and subject to Company approval, recruit, train, and supervise agents.
- D. Agent shall have the duty of properly representing Company and developing his territory with diligence and in an ethical manner, and the Agent agrees to conform to the rules, regulations, practices and minimum production requirements of Company.
- E. Agent shall be responsible to Company for all monies and securities received by him for Company and shall hold such in trust separate from all other funds and securities, and promptly remit same to Company.
- F. Company reserves the right at any time to terminate the contract of any agent(s) assigned to him and appointed by Company.
- G. Agent shall not insert or authorize the insertion of any advertising matter bearing the Company's name(s) in any publication, issue or distribute or authorize the issuance or distribution of any circular or paper on behalf of the Company, without first submitting said advertising matter in writing to Company and receiving prior written approval of Company.

### **COMMISSIONS**

Company agrees to pay the Agent commissions on business written by Agent or any agents assigned to him by the Company on premiums actually received by and earned from the Insurance Carrier in accordance with the Commission Schedule(s) attached

hereto. In the event Insurance Carrier shall, either during the continuance of this Contract or after its termination, refund premiums under any policy to an Insured: Agent shall immediately repay to Company the amount of any commission paid to him or his agent(s) on the premium refunded. Commissions will be credited or paid only if paid by the Insurance Carrier.

A. All commissions shall be calculated only on premium actually received by the Insurance Company. Commissions will be calculated only on those premiums paid by or on behalf of the insured. No commissions shall be paid on interest, or on premium waived or commuted by reason of death, disability, or exercise of policy options.

B. Company may, at any time while this Contract is in force or after its termination, set off against any claims by Agent for commissions or other monies accruing to the account of the Agent under the terms of this Contract any debts, liabilities, or obligations of the Agent to the Company. If any Agent has agents assigned under the Agent, Agent is responsible for all indebtedness that any agent assigned to Agent owes to Company. At Company's sole discretion Agent's account will be credited with commissions from and debited for all charges against such agent's account. Agent further agrees that any indebtedness now or hereafter owing to the Company or its affiliate shall be secured by a first lien against the commission or any other monies payable to Agent under this Contract and any other contract Agent may have with the Company or its affiliates.

C. All amounts owed to Company or its affiliates by Agent shall become due and payable immediately upon notice to the Agent. At the sole discretion of the Company demand may not be made until that indebtedness exceeds any amounts of projected earned commissions for the next six (6) months, as determined solely by the Company.

D. The right to receive commission shall automatically terminate upon termination of this Contract except as provided herein. Payment of commissions upon termination of the Contract will be vested immediately, subject however, to the Company's right to set off asset for this Contract, the limitations and exceptions described below, and the provisions of the Loan Agreement section of this contract. The right to receive vested Commissions, if any, shall immediately cease or is modified without notice, if:

(1) This Contract is terminated for cause or for any violations of any of the provisions or agreements of the Contract.

(2) In any month following termination the amount of vested commission paid under this contract is less than \$50.00 or the number of in-force policies is less than 25.

(3) If a debit balance exists and is not repaid within 60 days following contract termination, the vesting provision is modified to: a) one calendar year or longer, NIA will credit your account commissions for a twelve-month period after termination for each calendar year your contract was in force; b) less than one calendar year, commissions will immediately terminate; however, notwithstanding your account will continue to be credited First Year commissions to the extent of your indebtedness. In the event your First Year Commissions do not satisfy your indebtedness, the remainder of your indebtedness is immediately due and payable without demand; or c) after three (3) full calendar years all commissions will be credited to your account for the premium payment life of the policy.

E. At the option of the Company, payment of commissions will be held in abeyance for 30 days after termination to determine the existence of any sums that are to be set off against commissions

F. This Contract terminates due to death or permanent disability of the Agent. Commissions will be credited for (5) years thereafter or as set out in D above, whichever is greater. Eligible commissions will be payable to the surviving spouse. If no surviving spouse, then such eligible commissions shall be paid to the Executors or Administrators of the Agent's Estate.

G. After termination Agent's account will be credited ninety-seven percent (97%) of the earned commissions. The remaining three percent (3%) will be paid to NIA as an administrative fee.

H. The Company reserves the right to alter, increase, decrease, modify, or withdraw the Commission Schedule and/or Loan Provisions of this Contract at any time.

#### **LOAN AGREEMENT**

Company may make periodic payments to Agent against future credited commissions on applications written and submitted to the Company by Agent or any agents assigned to Agent. Such payments shall be loans made in lieu of payment of credited commissions as provided in the Commission Schedule.

A. Such loan shall be a percentage of annualized insurance premium on production submitted on completed applications; the percentage loaned will be determined at the sole discretion of the Company.

B. Any loan proceeds shall be reduced by the amount of chargebacks to Agent's account from any source.

C. The unpaid principal balance shall bear interest at a rate of ten percent (10%) per annum.

#### **INDEBTEDNESS OF GENERAL AGENT**

Any indebtedness owed by the General Agent to the Company shall be paid upon notice to the General Agent. In addition to the provisions of paragraph "Deportment," all indebtedness of the General Agent to Company shall be secured by a first lien on any commissions or renewal commissions due or to become due to the General Agent. The Company may at any time offset against all commissions accrued or to be accrued to the General Agent, any debt due from the General Agent to the Company, whether now existing or hereafter arising. In the event any indebtedness is placed in the hands of a collection agency or attorney, or both,



**NIA  
ADVANCE GUIDELINES**

**All Requirements must be met for new business to be advanced.**

**Numbers of Months Advanced are determined by agents production volume,  
Placement/taken rate, frequency of turn in and credit worthiness.**

**Agents eligible for advance on submit  
MUST maintain an average of 2 applications per week.**

Agents with Vector debits or adverse credit will be reviewed on a case by case basis for advances  
Advances are loans made on commissionable premium only.

**1. The following conditions on any application will result in a commission advanced upon issue:**

- \* Any applicant 55 years of age or older with no prior coverage
- \* Any applicant with 2 or more co-morbidity factors including tobacco usage, high blood pressure, elevated cholesterol and ratable build
- \* Any applicant 60 years of age or older
- \* Applications without complete Doctor Information for each applicant
- \* High blood pressure with high cholesterol
- \* Heart murmurs on medication or beta-blockers
- \* Applications that are held more than two weeks by agent from date signed.
- \* Height/weight chart must be used in the "quote"
- \* Personal or controlled business (will be paid as earned).
- \* Uninsurable occupations or avocations.
- \* Non-USA residents here on Visa.
- \* Multiple or severe impairments that would result in 2 or more exclusion waivers
- \* Rate-ups of over 25% that have not been collected at the time of sale
- \* If 25% surcharge is not collected for high blood pressure.
- \* Allergies, Asthma, ADD and depression will be reviewed on case-by-case basis for advance.
- \* Applications previously declined by another carrier.

**2. Agents must service their business with signed Riders and follow-up, etc.**

*Any agent who does not service their business or NIA receives complaints regarding customer service from applicants will not continue to be advanced and will be subject to termination*

**3. Every application must be submitted with a completed Transmittal Form and a Quote Sheet.**

The quote must match the benefits on the application and the check cannot be more than \$20 short.

**4. Every application must be completed "fully" to be considered for an advance.** Every question must be answered, including social security numbers, health questions, etc. If a health question is answered "yes" it must be fully explained with dates, treatments, names of medications, the degree of *recovery* and COMPLETE doctor's information.

***EACH PERSON LISTED ON THE APPLICATION MUST HAVE A DOCTOR, ADDRESS, DATE AND REASON FOR THE LAST VISIT. APPLICATIONS WITH VAGUE OR INCOMPLETE INFORMATION WILL NOT BE ADVANCED ON SUBMIT.***

**5. The primary insured and the spouse must sign every application.** The primary insured must sign all accompanying forms and association applications. (The spouse is only signing the application as the spouse; no other forms should be signed by the spouse.) *The insured and spouse signature cannot be signed by the same person.*

**6. Any application may or may not be advanced subject to underwriting guidelines.\***

Applications with multiple medications, questionable health conditions or applications requiring Medical records will be advanced upon issue.

\* It is your responsibility to read the under writing guidelines. For a complete under writing guide, visit our website at [www.nia.biz](http://www.nia.biz).

**7. No coverage will be offered to any applicant with any diagnostic testing or surgery pending,**

**8. Methods of Payment will be advanced as follows:**

- Monthly bank draft
- Quarterly premiums will be advanced 3 months
- Semi Annual premiums will be advanced 3 months on submit/3monthson issue
- ***NO ADVANCE WILL BE GIVEN ONMONTHLY DIRECT BILL***

**Agent Acknowledgement:**

Agent agrees that he/she has read the Producers Underwriting Guidelines & Watched all training Material on [www.nia.biz](http://www.nia.biz) for each carrier.

**Any agent who appears to be omitting or not properly recording medical information will not be advanced and subject to termination.**

To be advanced on submit is a privilege given only to agents who service their business and write good business. Advances on submit are "at will" of NIA and may be changed or modified at any time.

**I have read, understand and agree to all of the NIA Advance Guidelines terms and conditions.**

X \_\_\_\_\_  
Agent's Signature

X \_\_\_\_\_  
Date

# Request for Taxpayer Identification and Certification

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

Please print or type

|  |   |
|--|---|
| Name (of a joint account or you changed your name. see Specific Instructions on page 2.)   |   |
| Business name, if different from above. (See Specific Instructions on page 2.) ..  |   |
| appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other----- |   |
| Address (number, street, and apt. or suite no.)  | Requester's name and address (optional) |
| City, state, and ZIP code  |   |

### Part I

### Taxpayer Identification Number (TIN)

List account number(s) here (optional)

Enter your TIN in the appropriate box. For Individuals, this is your social security number (SSN). However, if you are a resident alien OR sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN)

|                          |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| Employee security number |  |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |  |

OR

|                                |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
| Employee identification number |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |

### Part II

For Payees Exempt From Backup Withholding (See the instructions on page 2)

### Part III 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.

**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 2.)

Sign Here

Signature ▶

Date ▶

**Purpose of form.** A person who is required to file an information return with the IRS must get your correct taxpayer identification number (PIN) 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.

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

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

If you are a foreign person, IRS prefers you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons must use an appropriate Form W-8.

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.

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties no employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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 not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN, when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- 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 3 above (for reportable interest and dividend accounts opened after 1983 only). Certain payees and payments are exempt from backup withholding. See the Part II instructions 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 enter in Part I of the form.

**Sole proprietor.** You must enter your individual name as shown on your social security card. You may enter your business, trade, or "doing business as" name on the business name line.

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

**Part I-Taxpayer Identification Number (TIN)**

You must 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, using your EIN may result in unnecessary notices to the requester.

**Note:** See the chart on this page 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 55-5, Application for a Social Security Card, from your local Social Security Administration office. Get 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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at [www.irs.vgo](http://www.irs.vgo).

If you 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. Other payments are subject to backup withholding.

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

**Part II-For Payees Exempt From Backup Withholding**

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

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

**Part III-Certification**

For a joint account only the person whose TIN is shown in Part I should sign (when required).

**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 state tuition program payments, IRA or MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to give 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 MSA. 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.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% 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.

**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 |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)   | The minor*   |
| 4. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee*   |
| b. So-called trust account that is not a legal or valid trust under state law  | The actual owner*  |
| 5. Sole proprietorship   | The owner*   |
| For this type of account:  | Give name and EIN of:  |
| 6. Sole proprietorship   | The owner*   |
| 7. A valid trust, estate, or pension trust   | Legal entity*  |
| 8. Corporate   | The corporation  |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization   |
| 10. Partnership  | 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  |

\*Last 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.

\*Circle the minor's name and furnish the minor's SSN.

\* You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN (if you have one).

\*List 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.



PROSPECTIVE BROKER APPLICATION

A UnitedHealthcare Company

GRIC Manager/Representative

Cheryl Pickett

Independent Broker

Financial Services

Company Name: VIE48-Larry McClendon

Complete Name \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

Name of Agency or Company \_\_\_\_\_

Business Street Address \_\_\_\_\_  
(Required for Supplies)

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Social Security No. \_\_\_\_\_ National Producer No. \_\_\_\_\_

Length of time in present community \_\_\_\_\_. If less than five years, please provide previous address(es).

**Please check the appropriate box.**

All commissions are to be paid to me.

All commissions are to be paid to Larry McClendon, 1280369  
Agency, Company, or Name Tax ID No.

**Please answer all questions. (If YES, include details of who, what, when, and dollar amounts on an additional form.)**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had an appointment terminated by any insurance company or financial services institution (for reasons other than production)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you owe any debt or balance to any insurance company or financial services institution that has remained overdue for more than sixty (60) days?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal agency ever denied, suspended, revoked, or taken any action against any fiduciary license held or applied for by you, or have you ever voluntarily submitted to any sanction or surrendered any fiduciary license under threat of suspension or revocation of that license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any state or federal self-regulatory body of any type (such as National Association of Securities Dealers) ever taken any disciplinary measures against you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a claim filed against your Errors and Omissions Coverage, or has any bonding company ever denied, paid out on, or revoked a bond for you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of any civil or administrative proceeding, including one initiated by a state department of insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any felony charges pending against you, or have you ever pled guilty or <i>nolo contendere</i> to or been convicted of a felony or a crime involving moral turpitude?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any unsatisfied liens (tax or otherwise) or judgments (civil or otherwise) against you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been the subject of a bankruptcy petition or proceeding in the past seven (7) years?  | <input type="checkbox"/> | <input type="checkbox"/> |

(1) I hereby represent that the answers and statements ("the information") I am giving Golden Rule Insurance Company and its affiliates ("the Company") on this application ("PBA") are correct, complete, and wholly true. (2) I understand the Company will rely on the information as one factor in considering this PBA, and may, at its option, terminate or rescind our resulting business relationship if any of the information is not as I have given it. (3) I give the Company, its employees, agents, and/or contractors permission to direct advertising or promotional phone calls, faxes, and electronic mail to the numbers and addresses I have listed above, as well as any others I provide. This permission continues until specifically revoked by me in writing. (4) I understand this PBA will not be considered until I sign the FCRA Authorization.

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

**NOTE: No business may be solicited until all state licensing and appointment and/or contract requirements have been met, and you have been advised of that fact in writing by the Company.**



## FAIR CREDIT REPORTING ACT DISCLOSURE and AUTHORIZATION

GOLDEN RULE INSURANCE COMPANY AND ITS AFFILIATED COMPANIES ("THE COMPANY") MAY OBTAIN A CONSUMER REPORT ABOUT YOU IN CONNECTION WITH YOUR PROSPECTIVE BROKER APPLICATION ("PBA")

### AUTHORIZATION

I authorize the Company to conduct a public records search, and/or to obtain a consumer report and/or investigative consumer report about me from a consumer reporting agency. These reports may concern my credit history, worthiness, standing, and/or capacity. These reports may also concern my character, general reputation, personal characteristics, mode of living, criminal history, motor vehicle record, and other data relevant to the appointment and/or contract process with the Company. I understand the Company will use this data within that process as one factor in considering my PBA.

I understand that if the Company decides not to approve my PBA, and thereby to take adverse action against me because of information contained in any consumer report(s) authorized by my signature on this form, the Company will provide to me:

- A written pre-adverse action disclosure;
- An adverse action notice;
- A copy of any consumer report(s) received and used by the Company;
- A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act";
- The name, address, and telephone number of any consumer reporting agency that furnished a consumer report about me to them.

I understand that I am entitled to contest the accuracy or completeness of information contained in any consumer report. I understand that I am entitled to receive an additional free copy of any consumer report. I understand that the consumer reporting agency does not itself make any decision regarding my PBA, and the agency cannot explain the Company's decision to me.

A photocopy or fax copy of this authorization shall be as effective as the original. This authorization remains valid until I revoke it in writing sent to the Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, and ZIP

**Golden Rule**<sup>®</sup>

A UnitedHealthcare Company

# Sign and Return this Page to Golden Rule

## INDEPENDENT BROKER'S CONTRACT SIGNATURE PAGE

I acknowledge and agree that:

- (a) I have received a copy of the Independent Broker's Contract (IBC-0405), consisting of this page and four (4) other pages, as well as the Rules and Regulations (Rules-0405), which are fully incorporated by reference and made a part of the *Contract*;
- (b) I have read, understood, and agreed to each and every term of this *Contract*; and
- (c) This *Contract* will not be in effect until such time as the *Company* has countersigned this Signature Page and attached the appropriate *Commission Schedule(s)*.

**YOU:** \_\_\_\_\_ **BY:** \_\_\_\_\_  
Print or type Your Name Print Name (and title if signing in a representative capacity)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Date

**BENEFICIARY DESIGNATIONS** (See 3.9): Name Address Relationship

Primary Beneficiary(ies):

\_\_\_\_\_

Contingent Beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR HOME OFFICE USE ONLY  
EXECUTED ON BEHALF OF GOLDEN RULE INSURANCE COMPANY**

**BY:** \_\_\_\_\_  
Name

**X** \_\_\_\_\_  
Signature Date

This agreement shall take effect as of \_\_\_\_\_ Producer No. \_\_\_\_\_

**1** How many new individual health applications did you personally write in the past 12 months with all companies combined -- excluding Short Term, Medicare Supplements, and Employer/Group policies? (Check one.)

0     1-3     4-7     8-11     12-20     21-50     51-100     101-200     201+

How many do you plan to write in the next year? (Check one.)     More     Same     Less

**2** What type of individual health plans do you personally write most often -- excluding Short Term, Medicare Supplements, and Employer/Group policies? (Check one.)

- Low Deductible Copay Plans** -- Plans with \$1,000 or lower deductible which include doctor office visit copays.  
 **High Deductible Copay Plans** -- Plans with \$1,250 or higher deductible which include doctor office visit copays.  
 **Traditional Major Medical Plans** -- Major medical plans that do not include doctor office visit copays.  
 **HSA Plans** -- Plans that combine medical insurance with a tax-favored savings account.  
 **Hospital Surgical Plans** -- Lower premium plans which primarily cover major hospital and surgical expenses.  
 **Other** -- Please specify. \_\_\_\_\_

**3** Please put the number 1 by the company you consider to be your primary source for your new individual health applications and a number 2 by your secondary company. Please mark 1 and 2 only.

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Aetna                     | <input type="checkbox"/> Anthem Blue Cross/   | <input type="checkbox"/> Golden Rule    | <input type="checkbox"/> Pacific Care |
| <input type="checkbox"/> American Community        | <input type="checkbox"/> Blue Shield          | <input type="checkbox"/> Humana         | <input type="checkbox"/> Unicare      |
| <input type="checkbox"/> American Medical Security | <input type="checkbox"/> Celtic               | <input type="checkbox"/> John Aiden     | <input type="checkbox"/> None         |
| <input type="checkbox"/> American Republic         | <input type="checkbox"/> Fortis/Time/Assurant | <input type="checkbox"/> Medical Mutual | <input type="checkbox"/> Other _____  |

**4** In the past 12 months, how many of the following products have you written?

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| Short Term Medical Plans       | Medicare Supplements           | Health Savings Accounts (HSAs) |
| <input type="checkbox"/> 0     | <input type="checkbox"/> 0     | <input type="checkbox"/> 0     |
| <input type="checkbox"/> 1-10  | <input type="checkbox"/> 1-10  | <input type="checkbox"/> 1-10  |
| <input type="checkbox"/> 11-50 | <input type="checkbox"/> 11-50 | <input type="checkbox"/> 11-50 |
| <input type="checkbox"/> 51+   | <input type="checkbox"/> 51+   | <input type="checkbox"/> 51+   |

**5** Which company's individual short-term medical plan(s) do you write? Please mark 1 and 2 only.

|  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> American Community                | <input type="checkbox"/> Celtic               | <input type="checkbox"/> Healthnet | <input type="checkbox"/> None        |
| <input type="checkbox"/> American Family                   | <input type="checkbox"/> Fortis/Time/Assurant | <input type="checkbox"/> Humana    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Anthem Blue Cross/<br>Blue Shield | <input type="checkbox"/> Golden Rule          | <input type="checkbox"/> Trustmark |                                      |
|  | <input type="checkbox"/> GradMed              |                                    |                                      |

**6** Which company's Medicare supplement plan(s) do you write? Please mark 1 and 2 only.

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Anthem Blue Cross/<br>Blue Shield | <input type="checkbox"/> Continental Life | <input type="checkbox"/> Mutual of Omaha | <input type="checkbox"/> Unicare     |
|  | <input type="checkbox"/> Golden Rule      | <input type="checkbox"/> Standard Life   | <input type="checkbox"/> Other _____ |



**SUB-BROKER CONTRACT CHANGE REQUEST/ASSIGNMENT FORM**

Subject to acceptance by UnitedHealthcare, or any of its affiliates, please change my existing contract with UnitedHealthcare to show I am a sub-broker under the Key Broker contract between

LARRY GENE MCCLENDON and UnitedHealthcare.  
Key Broker

- Pay Commissions directly to me, and the override to the Key Broker.
- Pay Commissions to agency tax id # \_\_\_\_\_ and the override to the Key Broker.
- Pay Commissions directly to the Key Broker.

Agreed and accepted:

★ **Must be completed by the Sub-Broker**

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| Sub-Broker: _____                   |                      |     |
| <input checked="" type="checkbox"/> | Sub-Broker Signature |     |
| Printed Name                        |                      |     |
| Producer Number                     |                      |     |
| Date                                |                      |     |
| Address                             |                      |     |
| City                                | St                   | Zip |
|                                     |                      |     |

**Must be completed by the Key Broker/Principal**

|   |                                |           |
|---|--------------------------------|-----------|
| Key Broker:   | Larry McClendon                |           |
| By:   | _____                          |           |
| <input checked="" type="checkbox"/>                                 | Authorized Signatory of Agency |           |
| Printed Name  |                                |           |
| 1280369B  | V3E48                          |           |
| Tax ID Number   | Agency Code                    |           |
| Date  |                                |           |
| Address 14800 QUORUM DR STE 500 DALLAS TX 75254-1496                |                                |           |
| City DALLAS   | St TX                          | Zip 75254 |
| Do you authorize this Sub-Broker to be advanced?                    |                                |           |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |           |

Accepted by UnitedHealthcare:

Golden Rule National Key Broker Sales Manager \_\_\_\_\_

Date \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Brokers that have written more than 2 individual health applications with UnitedHealthcare in the last 6 months are not eligible to transfer.**

| GOLDEN RULE USE ONLY  |                     |                      |                    |
|-----------------------|---------------------|----------------------|--------------------|
| KB Status             | KB # of Subs        | KB # of Subs Allowed | KB Past 12mth Prod |
| Broker past 6mth Prod | Current Agency Code | Appointment Date     |                    |
|                       |                     |                      |                    |





ASSURANT Health

MGA #011485-001  
#000014801

Writing Agent/Producer  
Appointment Application for MGA's

Form MGA WA APP 09-05

AGENCY INFORMATION

1. MGA Name: Larry McClendon MGA Business No. 12369193001  
 2. GA Name: \_\_\_\_\_ GA Business No. \_\_\_\_\_

INDIVIDUAL AGENT INFORMATION

\* 4. Agent's Name (Full legal name): \_\_\_\_\_ Nickname (Optional): \_\_\_\_\_

\* 5. Social Security Number: \_\_\_\_\_ \* 6. Date of Birth: \_\_\_\_\_

\* 7. Resident Address: (Required) \_\_\_\_\_

STREET \_\_\_\_\_ CITY/STATE / ZIP (9 DIGIT) \_\_\_\_\_ PHONE \_\_\_\_\_

\* 8. Business Address: (Optional) \_\_\_\_\_

STREET or P.O. BOX \_\_\_\_\_ CITY / STATE / ZIP (9 DIGIT) \_\_\_\_\_

|       |  |  |     |  |
|-------|--|--|-----|--|
| PHONE |  |  | FAX |  |
| EMAIL |  |  |     |  |

\* 9. License Requirements - We require a copy of your personal health and life license for your resident state and each non-resident state in which you intend to operate. Fees associated with these appointments will be charged to your General Agency's commission account where permitted. Please send copies of the appropriate licenses with this application.

\* 10. Are you now or have you ever used any name other than shown above?  Yes  No if yes, list names, dates and reason used: \_\_\_\_\_

\* 11. Have you ever been appointed with Time Insurance Company (previously known as Fortis Insurance Company?)  Yes  No If yes, list agent numbers: \_\_\_\_\_

\* 12. Name of Errors and Omissions Carrier: \_\_\_\_\_

Provide details to any "YES" answers for questions 13 - 15 on an attached sheet.

\* 13. Have you ever had a professional license refused, revoked or suspended; or, has disciplinary action been taken against you by a regulatory agency?  Yes  No

\* 14. Are you currently indebted to any insurance company or agency, or is there any dispute regarding your insurance accounts?  Yes  No

\* 15. Have you ever pled guilty or no contest or been convicted of any violation of law other than minor traffic violations?  Yes  No

Products are underwritten and issued by:  
**Time Insurance Company**  
 501 W Michigan  
 Milwaukee, WI 53201



ASSURANT Health

MGA - NIA  
H4000193001

MGA Writing Agent/Producer Appointment and  
Compensation Worksheet

Form Number TIC MGA AGT ACW (Rev. 09/05)

\* Agent Name

\* SSN

GA's Name LARRY MCLENDON

GA Agent Number 12369193001

MGA's Name National Insurance Agency

MGA Number H4000193001

\* List the states in which you are requesting appointment for this applicant. Note: A legible copy of each state insurance license must be attached for each state. Fees associated with these appointments will be charged to the GA's commission account where permitted.

SELECT HOW AGENT IS TO BE PAID - Selection applies to ALL product lines.

MGA or GA pays

No Company Contract - don't complete Time Insurance Producer Sales Agreement

Writing Agent

Check box to request Writing Agent Accounting and complete schedule options below.

Company Contract

Must complete Time Insurance Company Producer Sales Agreement, Form 25671

Check Through MGA

Select mailing address to be used for mailing statements and checks directly to agent. This address must be specified on Agent's application.

Resident

Business

Commission Statement Frequency

Semi-Monthly

Monthly

Payment Frequency

Weekly

Semi-Monthly

Monthly

Electronic Funds Transfer is available by completing the EFT form (required for weekly payment).

PRODUCT & COMPENSATION AUTHORIZATION - Select the products you are authorizing the Agent to sell by checking the appropriate box. You, the GA and MGA, must be authorized for the same products and be appointed in the same states where required by state law. Select the box which represents the desired commission schedule option for paid direct agents or if you requested writing agent accounting.

Individual  
Medical

Schedule Option

First Year

H

I

J

Renewal

K

L

Annualization

Yes

No

If yes, indicate limit

Only available if the GA & MGA are annualized and the agent is company paid.

Short Term &  
Student Select

Schedule Option

First Year

H

I

J

Renewal (Student Select)

H

I

J

Small Group

Schedule Option

First Year

H

I

J

M

Renewal

J

K

L

VoluntaryMart

Schedule Option

3 = Commission Level 1-3 based on production

2 = Commission Level 1-2 based on production

1 = Commission Level 1 only regardless of production

See producer chart for levels, rates and production requirements.

Commission Advance  Yes  No

Only available if agent is company paid. If Yes, signed VoluntaryMart Commission Advance Addendum must be attached.

Compensation Type

Non Level Compensation = 1st year higher, lower renewal

Level Compensation = 1st year and renewal equal

Newly Authorized Special Compensation  Yes  No

A Writing Agent/Producer Appointment Application must be attached to process new agents/producers. I recommend appointing this agent per the above noted instructions.

\* GA Signature

Date

MCA

Signature Date

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan

Milwaukee, WI 53201

**\*16. List your residence address for past five years up to and including present date:**

| FROM<br>(MO / YR) | TO<br>(MO / YR) | ADDRESS | CITY / STATE / ZIP | PHONE |
|-------------------|-----------------|---------|--------------------|-------|
|                   |                 |         |                    |       |
|                   |                 |         |                    |       |
|                   |                 |         |                    |       |

**\*17. List all employers for past five years up to and including present date. Include dates, addresses, and positions:**

| FROM<br>(MO / YR) | TO<br>(MO / YR) | ADDRESS | CITY / STATE / ZIP | PHONE |
|-------------------|-----------------|---------|--------------------|-------|
|                   |                 |         |                    |       |
|                   |                 |         |                    |       |
|                   |                 |         |                    |       |

**IMPORTANT INFORMATION**

**Fair Credit Act** -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I

specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Assurant Health has a relationship, and products I may sell through that application.

**Taxpayer Identification** --Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

**Please Note:**

This application cannot be processed unless all questions have been answered and appropriate license copies are attached. Fees associated with appointments will be charged to your commission account where permitted.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Time Insurance Company, Assurant Health and

**affiliated companies to communicate with me via fax, e-mail or any other electronic means at the numbers/address I have provided herein or at any number/address I subsequently provide to Time Insurance Company. I understand that such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by Time Insurance Company.**

\* AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ MGA SIGNATURE \_\_\_\_\_

Company Use Only  
 Appointment Date \_\_\_\_\_ Agent Business No. \_\_\_\_\_

Products are underwritten and issued by:  
**Time Insurance Company**  
 501 W Michigan  
 Milwaukee, WI 53201



I, \_\_\_\_\_ am requesting a transfer

Name of transferring General Agent or Agent

From

\_\_\_\_\_ Name of current RSD, MGA, GA

To MGA -National Insurance Agency

\_\_\_\_\_ Name of new RSD, MGA, GA

I understand that:

- No transfer to another Time Insurance Company arrangement will be approved within 180 days of the initial appointment or date the last transfer was effective.
- **This transfer will not go into effect until a date selected and approved by the Company which will follow the receipt of proper notification by the current arrangement.**
- Any applications solicited prior to the date approved by the company will be credited to my current arrangement, i.e. the "From" relationship listed above.
- **I understand and agree that any business written under my current arrangement will not be transferred or moved to my new arrangement in any manner. This includes requests from policy owners for a new agent.**
- **I understand that my total compensation as a general agent or agent on individual major medical business will not exceed \_\_\_\_\_%. (This includes any incentive bonus, reimbursements for leads or any other forms of reimbursements).**

Failure to comply with the rules stated above will be deemed a violation of the Company's policies and an act harmful to the best interests of the Company. This will result in immediate termination for cause of my general agent or agent arrangement with Time Insurance Company and forfeiture of any remaining first year and/or renewal commissions.

Signature of Transferring General Agent/Agent \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Home Office Use only:

| Date Received in LCS | Initials Date | Received in Sales | Initials Notification | Date | Initials Transfer | Date | Initials |
|----------------------|---------------|-------------------|-----------------------|------|-------------------|------|----------|
|                      |               |                   |                       |      |                   |      |          |

1. Agents must remain in their current arrangement for 180 days before a transfer request will be considered.
2. New agents (license received within 90 days of first Time Insurance Company appointment) will not be transferred for one year from their start date with Time Insurance Company. (General Agent/MGA must notify Agent License and Contract Support of new agents by completing the Initial License Notification Form and submitting it with appointment paperwork.)
3. Agent Transfer Requests must be submitted through the new arrangement using Agent Transfer Form GA-AGT Transfer 5-04. Incomplete forms will be returned.
4. We will notify the current RSD, MGA or GA of an agent's intent to transfer when we receive a properly completed transfer form.
5. The effective date of the transfer will be the date established by the Company.
6. Company paid-direct agents with an outstanding debit balance will not be transferred until it is resolved or the new arrangement agrees to assume it and have it transferred along with the agent.
7. We will not transfer any business written through the current arrangement.
8. Transfer requests for agents appointed through a National Account marketing arrangement will not be honored.
9. You may download all forms and appointment paperwork from the Assurant Health web site at [www.assuranthealthsales.com](http://www.assuranthealthsales.com).
10. Send transfer requests to:

Assurant Health Agent License & Contract Support  
P.O. Box 3183  
Milwaukee, WI 53201-3183  
or  
FAX requests to 414-299-8471

Individual Medical Compensation Rules

1. A General Agent may not transfer for higher commission than they have qualified for.
2. No General Agent may receive more than 25% in total first year commission.
3. No Producer or Writing Agent level may receive more than 20% in total first year commission.
4. A General Agent paid at 25% first year must have a commitment letter for the appropriate production requirement.
5. No cash reimbursements for leads, expenses, contests or incentives are permitted without prior RVP approval.

## **State Resident and Nonresident Appointment Fees**

If payment is for appointment fee(s), please indicate the state and fee(s) to be charged.

These fees are charged by each state's department of insurance and are subject to change.

| State                | Resident                                   | Non-resident                               | State          | Resident                                  | Non-resident                              |
|----------------------|--|--|----------------|---|---|
| Alabama              | <input type="checkbox"/> \$30              | <input type="checkbox"/> \$30              | Missouri       | <input type="checkbox"/> No Fee           | <input type="checkbox"/> No Fee           |
| Alaska               | <input type="checkbox"/> No Fee            | <input type="checkbox"/> No Fee            | Montana        | <input type="checkbox"/> No Fee           | <input type="checkbox"/> No Fee           |
| Arizona              | <input type="checkbox"/> N/A               | <input type="checkbox"/> N/A               | Nebraska       | <input type="checkbox"/> \$8              | <input type="checkbox"/> \$8              |
| Arkansas             | <input type="checkbox"/> Fee Paid*         | <input type="checkbox"/> Fee Paid*         | New Hampshire  | <input type="checkbox"/> \$25/Agency \$25 | <input type="checkbox"/> \$25/Agency \$25 |
| California           | <input type="checkbox"/> \$24/Agency \$24  | <input type="checkbox"/> \$24/Agency \$24  | New Jersey     | <input type="checkbox"/> \$25/Agency \$25 | <input type="checkbox"/> \$25/Agency \$25 |
| Colorado             | <input type="checkbox"/> N/A               | <input type="checkbox"/> N/A               | New Mexico     | <input type="checkbox"/> \$23             | <input type="checkbox"/> \$23             |
| Connecticut          | <input type="checkbox"/> No Fee            | <input type="checkbox"/> No Fee            | Nevada         | <input type="checkbox"/> \$15/Agency \$15 | <input type="checkbox"/> \$15/Agency \$15 |
| Delaware             | <input type="checkbox"/> \$25              | <input type="checkbox"/> \$25              | North Carolina | <input type="checkbox"/> \$40 + \$10**    | <input type="checkbox"/> \$40 + \$10**    |
| District of Columbia | <input type="checkbox"/> \$25/Agency \$25  | <input type="checkbox"/> \$25/Agency \$25  | North Dakota   | <input type="checkbox"/> \$10/Agency \$10 | <input type="checkbox"/> \$10/Agency \$10 |
| Florida              | <input type="checkbox"/> \$60              | <input type="checkbox"/> \$60***           | Ohio           | <input type="checkbox"/> \$20/Agency \$20 | <input type="checkbox"/> \$20/Agency \$20 |
| Georgia              | <input type="checkbox"/> \$10              | <input type="checkbox"/> \$10              | Oklahoma       | <input type="checkbox"/> \$40/Agency \$40 | <input type="checkbox"/> \$40/Agency \$40 |
| Hawaii               | <input type="checkbox"/> No Fee            | <input type="checkbox"/> No Fee            | Oregon         | <input type="checkbox"/> No Fee           | <input type="checkbox"/> No Fee           |
| Idaho                | <input type="checkbox"/> No Fee            | <input type="checkbox"/> No Fee            | Pennsylvania   | <input type="checkbox"/> \$15/Agency \$15 | <input type="checkbox"/> \$15/Agency \$15 |
| Illinois             | <input type="checkbox"/> N/A               | <input type="checkbox"/> N/A               | Rhode Island   | <input type="checkbox"/> N/A              | <input type="checkbox"/> N/A              |
| Indiana              | <input type="checkbox"/> N/A               | <input type="checkbox"/> N/A               | South Carolina | <input type="checkbox"/> Fee Paid*        | <input type="checkbox"/> Fee Paid*        |
| Iowa                 | <input type="checkbox"/> No Fee            | <input type="checkbox"/> No Fee            | South Dakota   | <input type="checkbox"/> \$10/Agency \$10 | <input type="checkbox"/> \$20/Agency \$20 |
| Kansas               | <input type="checkbox"/> \$5/Agency \$5    | <input type="checkbox"/> \$5/Agency \$5    | Tennessee      | <input type="checkbox"/> \$15             | <input type="checkbox"/> \$15             |
| Kentucky             | <input type="checkbox"/> \$40/Agency \$100 | <input type="checkbox"/> \$50/Agency \$120 | Texas          | <input type="checkbox"/> \$10/Agency \$10 | <input type="checkbox"/> \$10/Agency \$10 |
| Louisiana            | <input type="checkbox"/> \$20/Agency \$20  | <input type="checkbox"/> \$20/Agency \$20  | Utah           | <input type="checkbox"/> No Fee           | <input type="checkbox"/> No Fee           |
| Maine                | <input type="checkbox"/> \$30/Agency \$30  | <input type="checkbox"/> \$70/Agency \$70  | Vermont        | <input type="checkbox"/> \$60             | <input type="checkbox"/> \$60             |
| Maryland             | <input type="checkbox"/> N/A               | <input type="checkbox"/> N/A               | Virginia       | <input type="checkbox"/> \$12/Agency \$12 | <input type="checkbox"/> \$12/Agency \$12 |
| Massachusetts        | <input type="checkbox"/> \$75/Agency \$75  | <input type="checkbox"/> \$75/Agency \$75  | Washington     | <input type="checkbox"/> \$20/Agency \$20 | <input type="checkbox"/> \$20/Agency \$20 |
| Michigan             | <input type="checkbox"/> \$5/Agency \$5    | <input type="checkbox"/> \$5/Agency \$5    | West Virginia  | <input type="checkbox"/> \$25             | <input type="checkbox"/> \$25             |
| Minnesota            | <input type="checkbox"/> \$10              | <input type="checkbox"/> \$10              | Wisconsin      | <input type="checkbox"/> \$7              | <input type="checkbox"/> \$24             |
| Mississippi          | <input type="checkbox"/> \$25              | <input type="checkbox"/> \$25              | Wyoming        | <input type="checkbox"/> \$15/Agency \$15 | <input type="checkbox"/> \$15/Agency \$15 |

\* Fee paid by appointing insurance company.

\*\* Add \$10 for Med Supp/LTC appointment.

\*\*\* Add \$6 per Florida county.



National Insurance Agency

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I (we) hereby authorize NATIONAL INSURANCE AGENCY, INC, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our) [ ] Checking [ ] Savings account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until (COMPANY) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Social Security # \_\_\_\_\_ Please print

Date \_\_\_\_\_ Signed X \_\_\_\_\_

NIA Manager/Officer authorization \_\_\_\_\_ [Signature]

\*\*\*\* This form MUST be faxed back to Kathy @ 972-385-7565 or 214-342-8699 and must have a copy of a voided check to activate this EFT account. This process takes around 4-5 business days to start seeing the commissions post into your account.