

**Agent/Producer Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Tax ID: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Hierarchy & Commission Information**

Direct Up-line/Mgr Name : \_\_\_\_\_ DP \_\_\_\_\_

Applicant Commission Level: \_\_\_\_\_ (Unsure? Contact your up-line manager)

Advance Commission or  Earned Commission **\* No interest**  
 \*Advance is annualized up to \$2500 per policy (Advance options will have a 3% administrative fee)

**RETURN PACKET TO AHCP CONTRACTING DEPARTMENT**

You can e-mail completed forms to [Contracting@AHCPsales.com](mailto:Contracting@AHCPsales.com) or FAX them to (972) 915-3288

- Page 1** AHCP Appointment Coversheet (this page)
- Pages 2-3** Agent Transfer Form/Agent Transfer Rules
- Page 4-5** Broker Application
- Page 6** Direct Deposit Authorization
- Page 7** W-9
- Pages 8-10** AHCP Producer Agreement

**ADDITIONAL REQUIREMENTS**

- Copy of E&O Certificate
- License copies or PDB Report
- Supporting documentation for any "Yes" answers to background questions

Appointment transfers take approximately 20 business days to process.

Be sure to visit our site for On-Demand Product Training  
[www.AHCPsales.com](http://www.AHCPsales.com)



I, \_\_\_\_\_, am requesting a transfer
Name of transferring General Agent or Agent

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

To America's HealthCare/Rx Plan Agency, Inc (AHCP) 000431FB193001
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:

Table with 8 columns: Date Received in LCS, Initials, Date Received in Sales, Initials, Notification Date, Initials, Transfer Date, Initials

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201



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.

Products are underwritten and issued by:

**Time Insurance Company**

501 W Michigan  
Milwaukee, WI 53201

**Time**  
Insurance



AGENCY INFORMATION

1. MGA Name: America's HealthCare/Rx Plan Agency, Inc. (AHCP) 000B4000193001
MGA Business No.
2. GA Name: America's HealthCare/Rx Plan Agency, Inc. (AHCP) 000431FB193001
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

E-MAIL

9. License Requirements - We in which you intend to operate where permitted. Please send Please complete credit card authorization form nt state account

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: If you do not have E&O, you can purchase coverage through Assurant.

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



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

FROM (MO / YR)	TO (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 (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

**IMPORTANT INFORMATION**

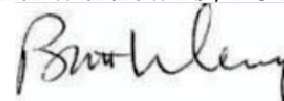
**Fair Credit Act** -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding 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.
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Products are underwritten and issued by:

**Time Insurance Company**

501 W Michigan  
Milwaukee, WI 53201





### Authorization for Automatic Deposit

This form will update account information associated to commissions processed by AHCP. To update direct deposit information for commissions processed by an insurance carrier you must complete the carriers direct deposit authorization form. Forms are located in the AHCP Forms Library.

Agent or Agency Name	
Social Security Number or Tax ID Number	
Phone Number	Email Address
Please indicate transaction type: <input type="checkbox"/> Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
Please indicate type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Financial Institution:	
Bank—City, State, Phone Number:	
Routing Number:	
Account Number:	

I hereby authorize AHCP to initiate direct deposit of commissions and, if necessary, make corrections for any entries made to my account in error.

**Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE INCLUDE A COPY OF A VOIDED CHECK**

Fax this form to AHCP– 972.915.3288  
 Scanned versions of this form can be emailed to [contracting@AHCPsales.com](mailto:contracting@AHCPsales.com)

## 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	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 2.** 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 2.

Social security number
+

or

Employer identification number
+

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. 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**
2. 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**
3. 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 2.)

<b>Sign Here</b>	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 get 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.

**Use Form W-9 only 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:

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

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**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 under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). 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 2 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 on page 2 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.

## PRODUCER AGREEMENT

This MARKETING AGREEMENT ("Agreement") is entered into by and between America's Health Care/Rx Plan AGENCY, Inc., a Delaware Corporation ("AHCP"), and \_\_\_\_\_, as Agent ("Agent"). The Agreement shall become effective upon Agent's licensure and appointment.

1. Appointment. AHCP appoints Agent to act as a marketer soliciting sales of products offered by and through AHCP and its authorized Carriers. "Carrier" means any insurance company or membership association with whom AHCP has entered into a master marketing agreement.

2. Relationship and Authority. The relationship of Agent to AHCP and scope of authority are set forth in the Agent Guidelines. Agent and Sub-Agents must be properly licensed and approved and appointed by AHCP. "Sub-Agent" means a person or entity that has executed a Producer Agreement with AHCP. Sub-Agents may be solicited by Agent or assigned to Agent by AHCP. Once the Sub-Agent's paperwork has been submitted and approved by AHCP, the Sub-Agent will be enrolled with all AHCP Carriers under the Agent. A Sub-Agent may not sell products from different AHCP Carriers under different Agents. Agent agrees to comply with the liability insurance requirements set forth in the Agent Guidelines. Agent shall be solely responsible for paying all expenses incurred by Agent in performance of this Agreement, including all license fees, appointment fees, bond fees, and fees and taxes required by any federal, state or local government. A Sub-Agent may submit a written request to AHCP to be transferred to another Agent if (1) the Sub-Agent has not sold business for at least six-months; and (2) has no outstanding balance with AHCP. If the Agent has sold business, they must obtain a written release from their current Agent. If the Sub-Agent has an outstanding debit balance, the new Agent must agree to assume liability for the balance before the transfer will be approved.

3. Commissions. Subject to all terms of the Agreement, AHCP or its delegate will compensate Agent with the commissions as determined by each Carrier. AHCP does not impose a vesting schedule on Agent. Agent is immediately vested per each Carrier's requirements. AHCP will use reasonable efforts to provide vesting information from Carriers to Agent. Confirmation of 1<sup>st</sup> year and renewal percentages shall be made available to Agent upon written request to AHCP. Commissions may be modified by AHCP with in ten (10) days notice to Agent as set forth in Agent Guidelines. Commissions paid to Agent will be net of any commissions paid to the Sub-Agent. AHCP reserves the right to approve all commission percentages to Sub-Agents, which approval shall not be unreasonably withheld. No commission shall be deemed earned until the policy or membership agreement is issued, delivered, and accepted by the applicant. Commissions will not be paid until AHCP collects or receives payment of its commission.

4. Advance Commissions/Debit Balances. AHCP or Carriers on AHCP's behalf may, at its discretion, make advances to Agent in anticipation of future commissions subject to the rules set forth in Agent Guidelines. Such advances will create debit balances, which both parties expressly agree are loans from AHCP. In consideration for the advance commissions, Agent agrees to repay to AHCP or their assigns, the debit balances and interest. AHCP reserves the right to charge interest on all debit balances. Agent is financially responsible to AHCP and their assigns, for any and all debit balances due by Agent, any Sub-Agent, or any Sub-Agent from which Agent receives an override. Agent and Sub-Agents shall assume the full and complete advance balance and debit balance of any Sub-Agent. In the event of a transfer of an Agent from one manager to another, debit balance will transfer to the new manager who agrees to assume financial responsibility for repayment. Coincident with that transfer, all rights to any future earned commissions attributable to the account, and tax benefits, will also be transferred to Agent. Agent shall submit to financial audits and will confirm debit balances upon written request from AHCP. **Agent expressly agrees to be bound by all rules and conditions set forth in Agent Guidelines.**

5. Carrier Requirements. Agent will comply with all Carrier requirements, including providing information or executing forms. Failure to comply may result in forfeiture of commissions and appointment by Carrier.

6. Termination. This Agreement may be terminated without cause by either party upon thirty (30) days written notice. AHCP may terminate immediately "for cause" (as defined in Agent Guidelines) with written notice to Agent. If this Agreement is terminated for cause, then all of Agent's rights to any compensation shall be immediately terminated. Upon termination of this Agreement, AHCP may reassign, solicit, appoint or otherwise work with the Sub-Agents of Agent.

7. Exclusivity. During the term of the Agreement, AHCP should be the primary supplier of all products to be promoted and sold by Agent and Sub-Agents. Agent may be licensed with other insurance companies to sell other product lines. However, Agent may not recruit AHCP Agents to sell product lines of other insurance companies.



ADDENDUM A  
ASSIGNMENT OF COMMISSIONS AGREEMENT

AHCP agrees to provide Agents with the following benefits and services:

- Lead Marketing Credits for each issued policy where applicable (varies by product)
- Incentive trip credits
- Free Replicated Website
- Training program, web conferences, and training materials
- Marketing Materials for proprietary products
- Advances funded by AHCP
- Toll free agent service line
- Weekly newsletter that includes all Carrier updates in one place in addition to important announcements and weekly agent rankings

In exchange for access to AHCP programs and services, Agent agrees to the assignment to AHCP of all commissions earned, subject to the following terms and conditions:

1. All earned commissions assigned to and received by AHCP are received on the Agent's behalf and will promptly be paid out in its entirety to the Agent pursuant to the commission structure and advance commission agreement between AHCP and the Agent. All commission payments will be made by AHCP or its delegate.
2. Agent may, upon written notice to AHCP, opt out of receiving any advance commissions. AHCP will pay out to Agent all earned commissions.
3. AHCP reserves the right to modify commission or advance commission agreements by providing 10 days advance written notice to Agent.
4. Agent expressly acknowledges that advance commissions from AHCP may result in debit balances being owed by Agent to AHCP. Agent understands that these debit balances are loans which are tied to Agent and must be repaid to AHCP. If AHCP determines that monthly commissions will not satisfy the debit balance within 10 months, AHCP may, upon written notice to Agent, use Agent's commissions from any AHCP Carrier to reduce any debit balances.
5. AHCP may not assign commissions to any unaffiliated party without Agent's express written consent.
6. This assignment only applies to commissions for AHCP business while this agreement is in effect. Subject to use of commissions to repay debit balances owed, AHCP shall retain no interest in or control of business sold by Agent. AHCP expressly acknowledges that this agreement in no way changes or affects the Agent's status as "Agent of Record" for any business for which commissions have been assigned to AHCP.
7. This assignment may be revoked by Agent upon 30 days written notice to AHCP and the Carrier. Once revoked, Agent will be entitled to receive commissions from Carrier so long as all debit balances with AHCP have been paid.
8. AHCP does not impose a vesting schedule on Agent. Agent is immediately vested per each Carrier's requirements. AHCP will use reasonable efforts to provide vesting information from Carriers to Agent.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date