

## For General Agent Use Only

### ASSURANT HEALTH/TIME INSURANCE COMPANY AGENT APPOINTMENT AND COMPENSATION INSTRUCTIONS

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General Agents should use these instructions for all new Writing Agents. If you have any questions, or need assistance in completing these forms, please call Agent License & Contract Support at (888) 575-3421, enter 4 and dial ext. 8327

Please mail or fax completed forms to:

**Mail:** John McCarty  
P.O. Box 190  
Farmington MO 63640  
**Fax:** 573-760-1601

#### **Appointment Checklist**

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- ✓ Writing Agent/Producer Appointment Application
- ✓ Legible copy of Producer's Insurance License
- ✓ Producer Sales Agreement (for agents paid directly by the company)
- ✓ Writing Agent/Producer Appointment and Compensation Worksheet
- ✓ Approvals required by General Agent and Regional Sales Director

### **ADDING NEW AGENTS**

#### **APPOINTMENT APPLICATION**

Complete all questions for a new Agent requesting an appointment in their resident state. Signatures are required by the Writing Agent/Producer and General Agent. Approval required by the Regional Sales Director.

**APPOINTMENT FEES** - The General Agent is responsible for all Writing Agent/Producer appointment fees. All Writing Agent/Producer fees will be charged to the General Agent's commission account.

**Ohio or Massachusetts** - These states require the agent to complete and sign a state specific appointment form for EACH company. Signatures must be original in Ohio and Massachusetts, so do not FAX.

#### **LICENSE COPY**

Enclose a legible copy of the applicant's resident individual state insurance license. Corporate Members - If applicable in your state, agency members are automatically appointed with the insurance company under a Corporate or Agency appointment. Follow state specific rules on appointing agents associated with a corporation. Provide proof of agency membership along with the Writing Agent/Producer Appointment Application.

**NON-RESIDENT** appointments require the appropriate state license copies to be attached. Non-resident appointment requirements vary by state. **General Agents must meet the appointment requirements for each state in which they have Agents to receive over-ride compensation.** Call Agent License & Contract Support 7:30-4:30 Central Time at 1-888-575-3421, Enter 4 and dial ext. 8327 to verify specific state requirements.

### **WRITING AGENT/PRODUCER APPOINTMENT AND COMPENSATION WORKSHEET**

This worksheet is required with every new Writing Agent/Producer Appointment Application. To complete the worksheet, follow these steps.

**AGENT COMPENSATION OPTIONS** - Select one option on the Writing Agent/Producer Appointment and Compensation Worksheet. **An Agent can only be set up with one payment option for ALL product lines.**

- **OPTION 1: GENERAL AGENT PAYS WRITING AGENT**  
**Optional Writing Agent Accounting - No Company contract**

The General Agent is provided with commission information at the Writing Agent level. The commission check is made payable and sent to the General Agent.

A. Indicate the letter code which represents the desired commission schedule option for each Product Line on the Writing Agent Appointment and Compensation Worksheet.

- **OPTION 2: COMPANY PAYS PRODUCER DIRECTLY**

**Commissions paid direct by Company - MUST have a Producer Contract**

Commissions are split between the Producer and General Agent based on schedule options. A separate check is generated for the Producer's portion of the commission.

A. Indicate the letter code which represents the desired commission schedule option for each Product Line on the Producer Appointment and Compensation Worksheet.

B. Indicate the mailing address to be used for sending statements and checks directly to the Agent's residence or business. Please make sure this address is listed on the Agent's application. If the checks are to be mailed to the General Agent, this address must be listed as the Agent's business address.

C. Completed **Producer Sales Agreement**, signed by the Producer.

D. Annualization- The General Agent has the option to choose to have a Producer annualized. It is only available if the General Agent is annualized and the Producer is paid direct. Annualization is only available for Individual Medical. Minimum limit is \$100.00. The maximum limit is equal to the General Agent's limit. Producer notification of a change in annualization is the responsibility of the General Agent.

### **PRODUCT SELECTION**

Select the products you are authorizing the Agent to sell by checking the appropriate box on the Writing Agent/Producer Appointment and Compensation Worksheet, Form 25587. The worksheet is required with all new Agent applications to facilitate proper product and compensation setup. **The General Agent must be authorized and appointed for a product to appoint an Agent for that line.**



AGENCY INFORMATION

1. Agency Name: John McCarty

2. Assurant Agency Business No. / Tax ID No.: \_\_\_\_\_ 3. RSD Name: Keith Naud

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 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



**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)	NAME /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 \_\_\_\_\_ GENERAL AGENT'S SIGNATURE \_\_\_\_\_

**Completed application can be faxed to Agent License and Contract Support at (414) 299-7516 or send to [MKELicensing@assurant.com](mailto:MKELicensing@assurant.com)**

**Company Use Only**

RSD's SIGNATURE / HOME OFFICE AUTHORIZATION	
Appointment Date	Agent Business No.

Products are underwritten and issued by:

**Time Insurance Company**

501 W Michigan  
Milwaukee, WI 53201



# Time Insurance Company Producer Sales Agreement

This Producer Sales Agreement is between Time Insurance Company, by its current name or any new name or legal identity it may hold in the future, its subsidiaries and associated organizations (hereinafter referred to as the "Company" or "We" or "Us" or "Our") and

, "Producer" or "You" or "Your" or "Yours".

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(Please print or type name)

The Producer agrees to comply with the following terms and conditions.

**Producer**

**For Time Insurance Company**

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Signature

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Signature

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(Please print or type name)

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Effective Date of Agreement  
(To be completed by Home Office.)

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Date

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Producer #:

**General Agent**

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John McCarty  
GA Name (Please print)

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00799DE100001  
GA Number

**BENEFICIARY DESIGNATION:**

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Name Present Address

if living, otherwise to:

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Name Present Address

**DEFINITIONS**

**AGREEMENT.** For the purposes of this Agreement, "Agreement" shall mean this Producer Sales Agreement, together with the Appointment Application, Commission and Product Schedules and any attachments, exhibits or schedules hereto.

**ASSOCIATED ORGANIZATION.** For the purposes of this Agreement, an "Associated Organization," shall mean a

This Addendum shall be attached to and made part of a Time Insurance Company ("Company") Managing General Agent, General Agent or Producer Sales Agreement and applies only to commissions payable from the sale of VoluntaryMart<sup>SM</sup> products.

**ADVANCE PAYMENT OF VoluntaryMart<sup>SM</sup> COMMISSIONS.** Company may, at its option, advance all or part of first year commissions to Agent in anticipation of commissions to be earned by Agent on VoluntaryMart<sup>SM</sup> products.

In the event of a lapse of a policy or rider during the first year of coverage, all commission will be charged to Agent's account as detailed in the commission schedule and will represent a commission debit balance owed Company. Company may, at any time, apply any and all commissions earned by Agent to the repayment of any commission debit balance that has been incurred.

Agent hereby agrees that any and all amounts so advanced by Company will for all purposes be deemed direct loans to Agent for the repayment of which Agent is personally liable. At the request of Company, Agent agrees to execute and deliver to Company such promissory notes as Company may request to evidence Agent's indebtedness to Company.

Agent also agrees that when there has been any indebtedness that Agent has refused to pay completely within 30 days of written demand, Company shall be entitled to interest on the unpaid balance payable at the legal rate from the date written demand for payment was made by Company.

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Print Agent Name ("Agent")

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Date (completed by Home Office)

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Agent Signature

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Time Insurance Company Officer & Title

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Print Corporate Name (if applicable)

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Print Corporate Officer & Title (if applicable)

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Agent Number

Agent Name \_\_\_\_\_

SSN \_\_\_\_\_

**General Agent's Name** John McCarty

**GA Agent Number** 00799DE100001

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.

**General Agent pays Writing Agent** No Company Contract – do not complete Time Insurance Producer Sales Agreement  
 Check box to request Writing Agent Accounting and complete schedule options below.

**Company Pays Producer directly** Must complete **Time Insurance Company Producer Sales Agreement**  
 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 General Agent, 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 General Agent is 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  I (\*A)  J (\*B) \* Real Choices Portfolio Equivalent  
 Renewal  J  K

**VoluntaryMart** **Newly Authorized Special Compensation (Starting Comp Tier)**  
 Yes; If checked, Starting Tier will be 2  
 No; If checked, Starting Tier will be 1  
 Other Starting Tier \_\_\_\_; Home Office Approval is required

**Compensation Level (Maximum Comp Tier)**  
 1 = Commission Level 1 only regardless of production  
 2 = Commission Level 1-2 based on production  
 3 = Commission Level 1-3 based on production

**See producer chart for levels, rates and production requirements.**

**Commission Advance (Only available if agent is company paid)**  
 Yes; If checked, VoluntaryMart Advance Agreement must be attached.  
 No

**Compensation Type**  
 Level Compensation = 1<sup>st</sup> year and renewal equal  
 Non Level Compensation = 1<sup>st</sup> year higher, lower renewal

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

General Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

 Completed forms can be faxed to Agent License and Contract Support at 414-299-7516, email [MKELicensing@assurant.com](mailto:MKELicensing@assurant.com)



### Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: \_\_\_\_\_

Agent/Agency Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Area Code \_\_\_\_\_ Fax Number: \_\_\_\_\_ Area Code \_\_\_\_\_

Payment Frequency (Please check one):  Weekly  Semi-monthly  Monthly

Statement Frequency (Please check one):  Semi-monthly  Monthly

Account Type (Please check one):  Checking Account (22)  Savings Account (32)

If you currently receive commission by electronic fund transfer, want to change frequencies and are not changing accounts, please check the following box:

Please make payments to my current depository.

If you are authorizing electronic fund transfer either for the first time or to a different account:

1. For checking account, please void a pre-printed blank check and attach here.
2. For savings account, please void a pre-printed deposit slip and attach here.

**We cannot accept voided checks or deposit slips with a handwritten name & address**

3. Please transfer the numbers at the bottom of the check or deposit slip into the fields below.

Your Bank's 9-Digit Routing Number  
↓

and

Your Account Number  
↓

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Account Number

#### Authorization

I hereby authorize Time Insurance Company to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository.

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

Please submit an updated authorization any time you change depositories.

Month Day Year

#### For Time Insurance Company Use Only

Commission Vendor# \_\_\_\_\_ CC \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Cash Management Keyed By \_\_\_\_\_ Verified By \_\_\_\_\_



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

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

To John McCarty  
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

Products are underwritten and issued by:

**Time Insurance Company**

501 W Michigan  
Milwaukee, WI 53201

