

Agent Contracting Kit

AGENT FIRST	AGENT LAST	SOCIAL SECURITY #	DATE OF BIRTH	COMMISSIONS PAID TO	TAX ID #
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	PHONE	FAX
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE	MOBILE PHONE	PHONE
EMAIL	WEBSITE	Have you ever been convicted of a felony or crime other than a traffic violation? <input type="checkbox"/> N <input type="checkbox"/> Y (if yes, explain here)			
LICENSED STATES (Check all that apply)				NATIONAL PRODUCER NUMBER (To obtain NPN and / or license copies, please click here)	
<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO
<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI
<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY
<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MS	<input type="checkbox"/> MO	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH
<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH
<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD
<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA
<input type="checkbox"/> WV	<input type="checkbox"/> WI	IMMEDIATE UPLINE			
AGENT CHECKLIST					
<input type="checkbox"/> License Copies (if no NPN)		<input type="checkbox"/> Automatic Deposit Form		<input type="checkbox"/> W 9	
<input type="checkbox"/> Representative Agreement & Commissions Addendum				<input type="checkbox"/> E & O	

Contracting can be emailed, faxed or mailed to:

By Email: Kristin@carylevinson.com

By Fax: 954-746-9535

By Mail: 5551 N. University Dr. Suite 201 Coral Springs, FL. 33067

GENERAL AGENT CENTER

8700 EAST VISTA BONITA DR. #174 SCOTTSDALE, AZ 85255

800 366 2467

WWW.GACQUOTE.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 (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number									
				-			-		

Employer identification number									
				-					

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. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



Agent Authorization Agreement for Automatic Deposits - EFT Credits

Producer Name: _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize General Agent Center, through Home National Bank, Scottsdale, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) Checking or savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the sale to such account.

Names on Account
(Please Print)

Signing Authority
(Please Print)

Bank/Credit Union Information: *(Please attach a voided check or Authorized Bank Document)*

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Authorized Account Signature: _____



Business Associate/Vendor/Service Provider Agreement

On this _____ day of _____, _____, the undersigned, General Agent Center and National Employers Association ("Covered Entities") and _____ ("Business Associate/Vendor/Service Provider" hereinafter BA) have entered into this Agreement/Contract (hereinafter "contract") for the purposes herein set forth.

1. Business Associate Relationship

- (a) Covered Entity and BA are parties to this certain contract, and BA is performing functions or tasks on behalf of Covered Entity.
- (b) Covered Entity is bound by the regulations implementing the Health Insurance Portability and Accountability Act of 1996, P. L. 104-191 ("HIPAA"), 45 C.F.R. Parts 160, 162 and 164 ("the Security and Privacy Rules"), the American Recovery and Reinvestment Act of 2009 ("ARRA") and other State and Federal Privacy, Security and Breach Notification laws and regulations. The intent and purpose of this, among others, is to comply with the requirements of the Security and Privacy Rules.
- (c) In the performance of this contract, BA is performing functions on behalf of Covered Entity which may require access to certain Protected Health Information ("PHI") (as defined in 45 C.F. R. §164.501) that is subject to protection under HIPAA, the Security and Privacy Rules as well as state data security and privacy legislation.

NOW, THEREFORE in consideration of the mutual promises and covenants contained herein, and in furtherance of the mutual intent of the parties to comply with the requirements of the federal Security and Privacy Rules and state law, the parties agree as follows:

2. Obligations and Activities of BA

- (a) BA agrees not to use or disclose PHI other than as stated in this contract, or as Required By Law.
- (b) BA agrees to use appropriate physical, technical and administrative safeguards to protect and prevent the misuse or disclosure of the PHI other than as provided for in this contract.
- (c) BA agrees to report promptly to Covered Entity any use or disclosure of the PHI not provided for by this contract or allowed by law of which it becomes aware.
- (d) BA agrees to ensure that any vendor or subcontractor, with whom the BA does business, who could have intentional or inadvertent access (physical or electronic) to any PHI or other sensitive information, agrees to the same restrictions and conditions that apply through this contract to BA with respect to such information.
- (e) Business Associate agrees to abide by and support the efforts of the Covered Entity to comply with all other aspects of the Security and Privacy Rules contained in HIPAA, including amendment, disclosure and reporting as well as comply with applicable state data security and privacy requirements.

- (f) BA will provide auditable evidence to Covered Entity annually or upon request demonstrating compliance with this contract and the state and federal Security and Privacy Rules.

4. Miscellaneous

- (a) Term. The term of this contract shall be effective as of the date of execution by the last party executing same, and shall terminate when all of the PHI provided by Covered Entity to BA, or created or received by BA on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with state and federal Security and Privacy Rules.
- (b) Termination for Cause. Notwithstanding any other provisions of this Agreement, upon Covered Entity's knowledge of a material breach by BA of the terms of this contract, Covered Entity shall provide an opportunity for Business Associate to cure the breach. If the cure of the breach is not possible within the time specified by Covered Entity, the Covered Entity may terminate this contract.
- (c) Effect of Termination. Upon termination of this contract, BA shall return or destroy all PHI received from Covered Entity, or created or received by BA on behalf of Covered Entity. Business Associate shall not retain copies of any PHI. If it is agreed between Covered Entity and BA that it is not feasible to return or destroy all of said PHI, then BA shall extend the protections of this contract to such PHI and for so long as BA maintains such PHI. This provision shall also apply to PHI that is in the possession of subcontractors or agents of BA.
- (d) Interpretation. Any ambiguity in this Addendum shall be resolved to permit Covered Entity to comply with HIPAA Security and Privacy Rules.
- (e) Provisions of Contract to Control. In the event of any conflict between the provisions of this contract and any of the other provisions of contracts between the parties, including any renewal, extension or modification thereof, the provisions of this contract shall control.
- (f) Ownership of PHI. The PHI to which BA, or any agent or subcontractor of BA has access under the Agreement shall be and remain the property of Covered Entity.
- (g) Indemnification and Contribution. Each party to this Addendum shall indemnify and hold the other harmless from any and all claims, liability, damages, costs and expenses, including attorney's fees and costs of defense, resulting from the action or omission of the other party. Specifically, the BA shall hold harmless and fully indemnify Covered Entity against all liability, costs, damages, expenses and losses of any kind, nature or description as a result of violations of laws and regulations or breaches by the BA or its Vendors/Service Providers resulting from failure to abide by requirements imposed by this contract or state and federal security and privacy rules. In the event that any liability, damages, costs and expenses arise as a result of the actions or omissions of both parties, each party shall bear such proportion of such liability, damages, costs and expenses as are attributable to the acts or omissions of such party.
- (h) Injunctive Relief. Notwithstanding any rights or remedies provided for in this Agreement, Covered Entity retains all rights to seek injunctive relief to prevent or stop the inappropriate use or disclosure of PHI directly or indirectly by BA, or any agent or subcontractor of Business Associate.
- (i) Waiver of Provisions. Failure by either party at any time to enforce or require the strict performance of any of the terms and conditions of this contract shall not constitute a waiver of such terms or conditions or modify such provision or in any manner render it unenforceable as to any other time or as to any other occurrence. Any specific waiver by either party of any of the terms and conditions of this contract shall be considered a one-time event and shall not constitute a continuing waiver. Neither a waiver nor any failure to enforce shall in any way affect or impair the terms or conditions of this contract or the right of either party to avail itself of its remedies.

Notices required by this contract shall be sent as follows:

General Agent Center
National Employers Association
8700 E. Vista Bonita Dr. #174
Scottsdale, AZ 85255

BA Company Name
Address:
City, State Zip Code:

THUS DONE AND SIGNED on the date first written above:

General Agent Center
National Employers Association

[BA Company Name]:

X _____
By: Marc K. Malin

X _____
By: President

GTL / UNL Appointment Fees & Payment Authorization Form

STATE	APPOINTMENT FEE	
	RESIDENT	NON-RESIDENT
ALABAMA	\$40.00	\$25.00
ALASKA	\$0.00	\$0.00
ARIZONA	\$0.00	\$0.00
ARKANSAS	\$0.00	\$0.00
CALIFORNIA	\$29.00	\$29.00
COLORADO	\$0.00	\$0.00
DELAWARE	\$25.00	\$25.00
DC	\$25.00	\$25.00
GEORGIA	\$24.60	\$24.60
HAWAII	\$0.00	\$0.00
IDAHO	\$0.00	\$0.00
ILLINIOS	\$0.00	\$0.00
INDIANA	\$0.00	\$0.00
IOWA	\$0.00	\$0.00
KENTUCKY	\$40.00	\$50.00
LOUISIANA	\$20.00	\$20.00
MARYLAND	\$0.00	\$0.00
MICHIGAN	\$5.00	\$5.00
MISSISSIPPI	\$25.00	\$25.00
MISSOURI	\$0.00	\$0.00
NEBRASKA	\$8.00	\$8.00
NEVADA	\$15.00	\$15.00
NEW MEXICO	\$20.00	\$20.00
OHIO	\$15.00	\$15.00
OKLAHOMA	\$30.00	\$30.00
OREGON	\$0.00	\$0.00
PENNSYLVANIA	\$15.00	\$15.00
SOUTH CAROLINA	\$0.00	\$0.00
SOUTH DAKOTA	\$10.00	\$10.00
TENNESSEE	\$15.00	\$15.00
TEXAS	\$10.00	\$10.00
UTAH	\$0.00	\$0.00
VIRGINIA	\$10.00	\$10.00
WASHINGTON	\$20.00	\$20.00
WEST VIRGINIA	\$25.00	\$25.00
WISCONSIN	\$16.00	\$40.00
WYOMING	\$15.00	\$15.00



Please select your payment method by checking below;

- Pay by Check (payable to GAC)
- Pay by Credit / Debit Card below

Credit or Debit Card Authorization

Name:	_____				
City:	_____	State:	_____	Zip:	_____
Card Type:	(check applicable)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard		
Card Number:	_____				
Expiration:	_____	Security Code:	_____		
Authorized Charge Amount:	_____				
Signature:	_____				
Date:	_____				

All state fees required with first piece of business except PA, which requires appt. fee with contract since it is an immediate writing state

Application To Sell Value Med Plan and Association Membership Plans with Accident Medical Expense Benefits

Guaranteed Trust Life Insurance Company (GTL)
1275 Milwaukee Ave | Glenview, IL 60025
(For states not listed under UNL)

United National Life Insurance Company of America (UNL)
1275 Milwaukee Ave | Glenview, IL 60025
(AZ-AR-ID-IL-KS-MO-NE-NV-NM-OK-SD-TN-TX-UT-WV)

Contract / Appointment Application

Please Print or Type All Information

PERSONAL INFORMATION

1. Name _____
(Last) (First) (Middle Initial) SS#
2. Date of Birth _____ Place of Birth _____ Male Female
3. Spouse's Full Name _____
4. Home Address _____
5. Home Phone _____ Home Email _____
6. Business Address _____ FAX # _____
7. Business Phone _____ Business Email _____

CORPORATE INFORMATION

8. Company Name _____ Tax ID# _____
 Company Insurance License # _____ (Copy Required)

LICENSING INFORMATION: All Agents must submit a copy of current license(s) (Resident & Non-Resident)

9. Type of License: Life A & H Broker
10. Have you ever been licensed with UNL or GTL? No Yes Prior Code # _____

BACKGROUND INFORMATION

11. Have you ever been investigated or fined by an Insurance Regulatory Authority?..... Yes No
12. Has your insurance license ever been suspended or revoked?..... Yes No
13. Have you ever pleaded guilty or "nolo contendere" to or been found guilty of a felony?..... Yes No
14. Have you ever had a bond canceled or declined?..... Yes No
15. Are you now the subject of any complaint, investigation or proceeding which could result in a "Yes" answer to any of the above questions?..... Yes No

If you answered "Yes" to any of the above questions, please attach a detailed explanation.

FAIR CREDIT REPORTING ACT (FCRA)

Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act". Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

Signature of Applicant X _____ Date _____

Recruited by _____ Date _____

Value Med Plan

Exclusively Distributed By:

GENERAL AGENT CENTER
 , +\$\$9"J-GH 6CB-H 8F, STE 1+(
SCOTTSDALE, AZ 852)
TOLL FREE PHONE: 1-800-366-2467
TOLL FREE FAX: 1-800-471-7996
www.gacquote.com



**Authorization Form
for Release of File Copies
of Criminal History Records
for the State of Georgia/Mississippi**

I hereby authorize Interstate Background Research, Inc. acting as an agent for _____ to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency.
This request is specifically for, all agencies within, and the State of Georgia/Mississippi.
This request/release is valid for one (1) year from this date hereon.

PART A: To be completed by EMPLOYEE:

Employee Social Security Number: _____ - _____ - _____

*Employee Date of Birth: _____ / _____ / _____ *Gender: _____

Employee Full Name: _____

Employee Street Address: _____

Employee City, State and Zip: _____

Date of this request: _____ / _____ / _____

Signature of Employee: _____ ****SIGN HERE**

THANK YOU

*May be deemed necessary to conduct a thorough criminal record search in accordance with the, "Code of Federal Regulations" Equal Employment Opportunity Commission Code I625.5.5

*This request for your date of birth does not indicate discrimination; and the request itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.

form crim_rel_ga rev 10/18/2001