

Application To Sell Value Med Plan

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
(AR-ID-IL-KS-MO-NE-NV-NM-ND-OK-SD-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
15575 NORTH 79TH PLACE, STE 100
SCOTTSDALE, AZ 85260
TOLL FREE PHONE: 1-800-366-2467
TOLL FREE FAX: 1-800-471-7996
www.gacquote.com

General Agent Center ~ 15575 North 79th Pl. Ste. 100 ~ Scottsdale, AZ 85260

(15) Agent hereby agrees that General Agent Center, Value Benefits of America or any affiliate entity can contact Agent by telephone, facsimile, auto-dialer, email or any other form of technology that becomes available.

(16) Indemnification. Agent shall indemnify, defend, and hold harmless GAC from and against any and all damages, claims, liabilities, judgments, awards, penalties, fines, and expenses, including but not limited to reasonable attorneys' fees, court costs, punitive damages, and exemplary damages, resulting from or arising out of (1) Agent's material breach of any term, representation, warranty, or covenant set forth in this Agreement, including but not limited to a material breach of any representation, warranty, or covenant made by Agent to the GAC with respect to all Agent Parties, (2) any act, error, omission committed by any of the Agent Parties or their respective agents or employees and causing loss to a third party in connection with Program or the performance of any activities authorized by this Agreement, (3) any claim made against the GAC by any Agent or Agent's own employees for compensation payable with respect to the Business.

(17) Agent Agrees to all term and conditions set forth in General Agent Contract between General Agent Center/Marc K. Malin and The United States Life Insurance Company in the City of New York and each Affiliated Insurer made party to that Contract. For a copy of Terms and Conditions of General Agent Contract contact General Agent Center at 480596-6536.

(18) This Agreement shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.

Vesting – Net renewal commissions shall be paid so long as they total fifty dollars (\$50) in any month and Agent does not violate any provisions of this Agreement. This is the only interest Agent may have in the business after termination of this Agreement.


AGENT LEVEL

	<u>First Year</u>	<u>Renewal Years</u>
Value Health, Value Health USA & Value Guarantee**	20%	10%
Value Access Guarantee	20%	10%
Value Med Plan **	30%	6%*

Other products may be added or commissions adjusted on new business by addendum by GAC. The addendum will become part of your signed and approved Agreement.

* Includes 4% service fee. **Commissions are 5% less first year and there is no advancing for issue age 64.

AGREEMENT & ADDENDUM ACCEPTED BY

X _____ 
 Producer's Signature Date

 Print Producer's Name (clearly)

 Recruited By (if applicable)

APPROVED BY GAC

By _____

 Date

***Consumer notification** – This is used to inform you that a consumer report or an investigative report is being obtained from a consumer reporting agency for the purpose of evaluating you as a representative. This report may contain information bearing on your credit worthiness, credit rating, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may, also, have a right to request additional disclosures regarding the nature and scope of the investigation.

MAIL OR FAX COMPLETED CONTRACT FORMS TO:

GENERAL AGENT CENTER
 15575 N. 79TH PL. #100 ~ SCOTTSDALE, AZ 85260
 FAX: 1-800-471-7996 TOLL FREE: 1-800-366-2467 DIRECT: 1-480-596-6536



15575 N. 79th Pl. Ste. 100 ~ Scottsdale, AZ 85260

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 same to such account.

Name(s) 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: _____ 



VBA REPRESENTATIVE DATA FORM (AGENT)

Representative Name: _____ SS#: _____ Date of Birth: _____

Commissions to be paid too: _____ Tax ID: _____

Business Address: _____ City: _____ ST: _____ Zip: _____

Residence Address: _____ City: _____ ST: _____ Zip: _____

Business Phone: _____ Fax: _____ Residence Phone: _____

Email: _____ Web Site: _____

Have you ever been convicted of a felony or crime, other than a traffic violation? Yes _____ No _____ (If yes, please explain on a separate piece of paper.)

VBA REPRESENTATIVE AGREEMENT

This Agreement is made by and between Value Benefits of America, ("VBA") and the representative whose signature appears on this Agreement, ("Representative"). IN CONSIDERATION of the mutual promises and covenants set forth below, the parties hereby agree as follows:

- 1: VBA or its designated third party administrator shall pay to Representative commissions as provided for in the commission schedule hereof as complete compensation for all enrollment forms procured and for all services performed by or required of Representative hereunder. Commissions shall not include monies for administration fees.
2: No commissions shall be payable on any membership not accepted by the applicant or on any membership declined by VBA. In the event that Representative incurs indebtedness to VBA or affiliates, VBA may offset against, and deduct from, any compensation due Representative and such indebtedness shall be a first lien against all such compensation. No commission shall be paid on membership due or fee increases. Upon termination of this Agreement, Representative shall return all materials.
3: Representative agrees to refrain from using advertising or any other material not supplied or approved in writing by VBA.
4: No forbearance or neglect by VBA to enforce any of the provisions of this Agreement shall invalidate it or thereafter constitute a waiver of any of these provisions.
5: This Agreement shall terminate automatically upon the death or total and permanent disability of Representative. In the event of death or total and permanent disability, commissions earned on memberships still in force will be paid to the estate of Representative or to any other party designated by Representative. Either party may terminate this Agreement upon fifteen (15) days prior written notice to the other party's last know address. VBA may terminate immediately for cause. Cause is defined to mean: (a) fraud or breach of any of the terms of this Agreement, (b) failure to pay VBA any monies as herein required, (c) violation of any laws or, (d) any illegal act. If this Agreement is terminated for cause, Representative shall not be entitled to any further commissions of any kind.
6: VBA may offset any indebtedness with VBA, General Agent Center (GAC), Colorado Bankers Services (CBS) or affiliates against commissions or overrides. Interest on any unpaid balance shall be 1% per month. Collection fees on unpaid debits to VBA shall be at Representatives cost.
7: Nothing contained herein shall be construed to create the relationship of employer and employee or a partnership between VBA and Representative or between Representative and any company represented by VBA. Representative shall be responsible for the payment of all taxes and fees which are imposed on Representative for the privilege of doing business. Representative shall be free to exercise Representative's own judgment as to the persons solicited and the time and place of such solicitation.
8: If Representative receives overriding commissions, representative shall be responsible in their hierarchy as per all provisions of the contract including all debit balances.
9: Commissions shall be paid so long as they total twenty-five dollars (\$25) in any month and Representative is active and does not violate any provisions of this Agreement. This is the only interest Representative may have in the business after termination of this Agreement. No assignment of this Agreement or any compensation hereunder shall be valid without prior written VBA consent.
10: Representative agrees not to influence or attempt to influence any representative or membership holder to any contract represented by VBA.
11: Representative hereby agrees that the ledger accounts of VBA shall be competent and sufficient prima facie evidence of the state of accounts between the parties hereto and the failure of Representative to object in writing to any statement of account furnished by VBA to Representative, within thirty (30) days from the date such statement is furnished, shall render such statement a correct account as between VBA and Representative.
12: If any provision of this Agreement is declared or found to be unenforceable all other provisions shall remain in full force and effect.
13: If Representative is a corporate entity, the persons executing this Agreement as officers of said corporation hereby agree and undertake the personal guarantee and satisfaction of all duties, performances and all obligations, including monies owed to VBA by such corporation, under this Agreement.
14: This Agreement shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County. This Agreement is executed as of the date approved by VBA. Other products may be added or commissions adjusted on new business by addendum.

Agent Representative - VBA COMMISSION ADDENDUM

This Addendum is executed as of the date approved by VBA. Other products may be added or commissions adjusted on new business by addendum. This addendum will become part of your signed and approved agreement.

VBA Membership including Accident Benefits (Form VBA-3000 & 4000)
OptumHealth Allies

40% - 1st Year 8% - Renewal Years
40% - 1st Year 8% - Renewal Years

Commissions shall not include monies for administration fees. \$10,000 Accident Plan Option commission 10% less first year only.

AGREEMENT & ADDENDUM ACCEPTED BY

AGREEMENT & ADDENDUM APPROVED BY VBA

X _____ Date SIGN HERE

By: _____ Date

Recruited By _____

X _____ Is 9 month loan advance requested on above memberships sold on bank draft? YES NO
Representative's Signature (Advancing is a privilege and may be limited by qualifying factors).

If Loan Advance is selected, 25% will be held in reserve to cover not takers or refunds for any reason. Reserves over \$500.00 will be paid out on a monthly basis. A maximum of \$500.00 advance commission will be paid per application.

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