

CONTRACTING MADE EASY

As a special service to our valued agents, GoldenCare will take all necessary steps to get you contracted with as many carriers as you wish!

Print to complete by hand or take advantage of fillable fields. If using fillable fields, once all entries are made, print and **sign where required**.* Provide your signature in the CENTER of the box on the Required Signature page. *(Keep a copy for your records!)***

Once submitted, be on the lookout for email(s) containing **contracting invite links** from SuranceBay or other contracting portal entities working with our carriers. If email(s) do not appear in your inbox within a week, remember to check your Junk folder.

To expedite processing, we must receive a copy of your agent license(s).

*** Important Note:**

Electronic signatures utilizing styled font cannot be accepted. Acceptable signatures include wet signatures or handwritten signatures affixed with electronic tools.

Submit finished, signed contract by:



SECURE FILE UPLOAD

<https://goldencareagent.com/contracting-upload/>



Fax:

866-863-8608



Email:

contracting@goldencareusa.com

Protect your information using encryption!



Mail: **GoldenCare**

**10700 Old County Rd 15, Suite 450
Plymouth, MN 55441**

On the Agent Data Sheet, note some carriers require Errors & Omissions (E & O) coverage. For 2026, we are excited to announce that we transitioned our existing program to Integrity and Lockton Affinity for stronger protection, expanded coverage options, and significant cost savings. Coverage is pro-rated for the quarter you are covered.

For policy details, qualifying business, and/or to enroll online, click on "Discounted E & O" within the *Tools* tab of www.goldencareagent.com. And while you are on our website, check out the many programs and services we offer!

** Please save a copy of this packet in order to retain data entered in the fillable fields.

AGENT DATA SHEET FOR BROKERS

10700 Old County Road 15, Suite 450, Plymouth, MN 55441

contracting@goldencareusa.com

Fax: 866-863-8608 | Phone: 800-842-7799

Agent's Full Name (as it appears on State License) _____ Male Female

Date of Birth _____ Social Security # _____ Are you a U.S. Citizen? Yes No

Driver's License Number and state of issuance: _____

State & License Number(s) for requested appointment (**Provide copy of license(s)**):

Resident License: _____ Non-Resident License(s): _____

E-Mail Address (required) _____

Name of Upline Manager (if applicable) _____ INTERNAL ONLY: _____ RefCode

Check type of contract you are requesting: Individual Agency/Officer Licensed Only (paid by Upline Manager)

If Agency/Officer, submit agency license(s) with contracting and provide the following: Tax ID _____

Agency name: _____ Officer title: _____

Type of Agency: S-Corporation C-Corporation Partnership Other _____

Residence Address - Please do not use P.O. Boxes

Street _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Number of Years at the address above? _____

Within the last 7 years, have you lived at a different address?

No Yes (provide history details & dates on a separate sheet)

Business Address

Street _____

City _____

State _____ Zip _____

Phone _____ Fax _____

INDICATE CARRIER(S) WITH WHICH TO BE CONTRACTED - (Please choose at least one from below OR page 3)

Not seeing what you're looking for? SEE PAGE 3 FOR OUR FULL PORTFOLIO.

- ManhattanLife**** OmniFlex STC & HHC FE
- Guarantee Trust Life** Critical Cash/Care STC STHHC
- GTL Life Select WL FE CHS CI HI iGap MS
- SBSA
- Mutual of Omaha & Affiliates** LTC*† MS/Dental/HIP
- CHS*/AccDeath/Living Promise FE/CWL/TLE/IULE*†
- TLA* UL* IUL*† Annuities*
- Thrivent**†** (LTC)
- National Guardian Life (NGL)**** LTC † Funeral Trust
- CareScout†** (LTC)
- AFEUSA / Chubb** (LifeTime Benefit Term permanent insurance)
- True Freedom** (HHC Service Contracts)

- Aetna & Affiliates** MA MS/Ancillary/FE
- Aflac** (MS/FE)
- Bankers Fidelity** (STC/FE/HI/MS/Cancer)
- HealthSpring** MA MS/STC/Ancillary
- Humana** MA MS
- Nationwide**†** CareMatters II (Hybrid)
- OneAmerica/State Life†** (Hybrid)
- Securian*†** SecureCare IV / III (Hybrid)
- United Healthcare***
- Wellabe & Affiliates** (STC/MS/Ancillary)
- Other** _____

Unless this box is checked, Medicare Supplement elections will be advanced where possible.

NOTE: An advance will cover Medicare Supplement only, unless carrier contract rules deem otherwise.

* \$1 Million E & O Required ** \$1 Million E & O Required/Provide Proof of Coverage † Requires Compliance with LTCi Partnership

PRIORITY HANDLING FOR NEW BUSINESS

Is new business imminent OR submitted w/ contracting? Yes No

If yes, please disclose the following details: Sign Date: _____

Carrier: _____

Product: _____

Client Name: _____

Client Resident State: _____ App Sign State: _____

Splitting Agent Name: _____

CME-0526_ADS

CURRENT E & O INFORMATION (Provide copy of contract)

Coverage Provided By _____

Policy Number _____

Coverage Amount per occurrence _____

Total Amount of Coverage/Aggregate _____

Effective _____ Expiration _____

Agent Signature _____
Date _____

AGENT DATA SHEET FOR BROKERS (continued)

Please select desired appointments from GoldenCare's full product portfolio, listed below.

AGENT NAME: _____

IMPORTANT MESSAGE:

Many carriers automatically appoint for multiple product lines, even if just one product is elected (indicated with 🔄). Some carriers offer dual hierarchies, but not all. Reach out to the GoldenCare Marketing Team with questions.

CARRIER(S) WITH WHICH TO BE CONTRACTED - (Please select at least one from below OR page 2)

Short-Term Care Insurance (Comprehensive)

- Aetna Affiliates 🔄 Recovery Care / Recovery Care Choice
- Bankers Fidelity Life 🔄 Vantage Recovery
- HealthSpring 🔄 Choice STC
- Guarantee Trust Life (GTL) 🔄 Recover Cash
- ManhattanLife** OmniFlex 🔄
- Wellabe (Medico) 🔄 Essential Care

Stand-Alone Home Health Care Insurance

- Aetna Affiliates 🔄 Home Care Plus
- Guarantee Trust Life (GTL) 🔄 Short-Term Home Health Care
- ManhattanLife** Home Health Care Select / Enhanced 🔄

Traditional Long-Term Care Insurance

- CareScout Care Assurance*†
- Mutual of Omaha Affiliates MutualCare Solutions*†
- National Guardian Life (NGL) EssentialLTC**†/HonestLTC**†
- Thrivent LTC**†

Hybrid / Linked Benefit Products; Life or Annuity with LTC

- Lincoln Financial MoneyGuard
- Mutual of Omaha Affiliates 🔄 Income Advantage IUL*†
- Mutual of Omaha Affiliates 🔄 Life Protection Advantage IUL*†
- Nationwide CareMatters II / Together**† / Annuity
- OneAmerica / State Life 🔄 AnnuityCare
- OneAmerica / State Life 🔄 AssetCare
- Securian Financial 🔄 SecureCare IV**† / SecureCare III**†

Medicare Solutions

Medicare Supplements

- Aetna Affiliates / CVS Health / Accendo 🔄
- Aflac 🔄
- Bankers Fidelity Life 🔄
- Guarantee Trust Life (GTL) 🔄
- HealthSpring (formerly Cigna Health & Life) 🔄
- Humana Achieve
- INA (formerly ACE)
- Medica** 🔄
- Mutual of Omaha Affiliates 🔄
- UnitedHealthcare (AARP)* 🔄
- Wellabe (Medico) 🔄
- WoodmenLife

Medicare Advantage / Prescription Drug Plans (PDP/RX)

- Aetna
- Anthem (Elevance Health)
- Blue Cross Blue Shield** (FL & MN only)
- HealthPartners
- HealthSpring
- Humana
- Medica** 🔄
- Molina
- SilverScript (Aetna Affiliate) 🔄
- UnitedHealthcare (AARP)* 🔄
- WellCare

Home Care Service Plans

- True Freedom

Dental and Vision Insurance / Hearing (DVH)

- Aetna Affiliates 🔄 DVH
- Ameritas
- Humana
- Mutual of Omaha Affiliates 🔄
- UnitedHealthcare 🔄

Hospital Indemnity Plans

- Aetna Affiliates 🔄 Hospital Indemnity Flex
- Bankers Fidelity Life 🔄 Vantage Flex Plus
- Guarantee Trust Life (GTL) 🔄 Advantage Plus Elite
- ManhattanLife** Hospital Indemnity Select 🔄
- Mutual of Omaha Affiliates 🔄 Hospital Protection Plan

Life Insurance Products

Final Expense/Burials/Whole Life

- Aetna Affiliates / CVS Health / Accendo 🔄 Final Expense Whole Life
- Gerber Life 🔄 Guaranteed Life Insurance*
- Gerber Life 🔄 Whole Life Insurance*
- Guarantee Trust Life (GTL) 🔄 Heritage Plan (Graded)
- Guarantee Trust Life (GTL) 🔄 GTL Life Select (Graded)
- Mutual of Omaha Affiliates Childrens Whole Life
- Mutual of Omaha Affiliates Living Promise
- National Guardian Life (NGL) AssetGuard v2.0 Funeral Trust**
- Transamerica 🔄 FE Express Solution

Universal Life

- Fidelity & Guaranty Life (F & G) 🔄 Fixed IUL**
- Mutual of Omaha Affiliates 🔄 Income Advantage IUL*
- Mutual of Omaha Affiliates 🔄 Life Protection Advantage IUL*
- Mutual of Omaha Affiliates IUL Express*
- Mutual of Omaha Affiliates AccumUL Answers*
- Securian Financial 🔄 Eclipse Accumulator IUL*
- Securian Financial 🔄 Eclipse Protector II IUL*

Term Life

- Banner Life 🔄
- Mutual of Omaha Affiliates Term Life Answers*
- Mutual of Omaha Affiliates Term Life Express

Accidental Death

- Mutual of Omaha Affiliates
- Guarantee Trust Life (GTL) 🔄 SBSA 24-Hr Accident

Critical Illness / Cancer, Heart Attack & Stroke (CHS) / Lump Sum

- Aetna Affiliates 🔄 Cancer and Heart Attack or Stroke Plus
- Guarantee Trust Life (GTL) 🔄 Cancer, Heart Attack & Stroke
- Guarantee Trust Life (GTL) 🔄 Critical Cash/Critical Care
- Guarantee Trust Life (GTL) 🔄 Precision Care Cancer Insurance
- Mutual of Omaha Affiliates Critical Advantage*
- Wellabe (Medico) 🔄 Critical Illness Insurance

* \$1 Million E & O Required

** \$1 Million E & O Required/Provide Proof of Coverage

† Requires Compliance with LTCI Partnership

Note: Product/State Availability Varies. Some carriers only operate regionally.

Agent Signature _____

Date _____



STOP! ANSWERS ON THIS PAGE INDICATE YOU ARE REQUESTING A CONTRACT WITH MANHATTANLIFE, SUBMITTED ON YOUR BEHALF BY OUR OFFICE

If you answer YES to any question, provide a detailed explanation (including year, jurisdiction, county/federal district, sentencing, and name at time of the offense), on a separate sheet with your name and signature, as well as any legal documentation.

AGENT NAME: _____ Mother's Maiden Name (required): _____

YES, I AM REQUESTING APPOINTMENT WITH MANHATTANLIFE

1 Are you now or have you ever been included in litigation with an insurance company that you represented? Y N

2 Do you currently have a debit balance with any insurance company? Y N

3 Have you ever had your insurance or securities license suspended or revoked? Y N

4 Have you ever been charged, convicted, or plead guilty or nolo contendere (no contest) in a domestic or foreign court:

4A Of a felony or misdemeanor involving; insurance or an investment-related business, fraud or false statements or omissions, wrongful taking of property; or bribery, forgery, counterfeiting or extortion? Y N

4B Have you been convicted of any other felony or misdemeanor, other than traffic violations? Y N

5 Has any domestic or foreign court ever:

5A Found you guilty in connection with any insurance or investment-related activity? Y N

5B Found that you violated any insurance-related statutes or regulations? Y N

6 Has any domestic or foreign court ever:

6A Found you to have made a false statement or omission or been dishonest, unfair or unethical? Y N

6B Found you to have been involved in a violation of insurance or investment regulations or statutes? Y N

6C Found you to have been the cause of any insurance or investment-related business having its authorization to do business denied, suspended, revoked or restricted? Y N

6D Entered an order against you in connection with any insurance or investment-related activity? Y N

6E Denied, suspended, or revoked your registration or license or otherwise prevented you from associating with any insurance or investment-related business, or disciplined you by restricting your activities? Y N

7 Have you ever been the subject of any insurance or investment-related, consumer-initiated complaint or proceeding that:

7A Alleged compensatory damages of \$2,500 or more, or found fraud or the wrongful taking of property? Y N

7B Was settled or decided against you for \$1,000 or more, or found fraud or the wrongful taking of property? Y N

8 Are you now the subject of any complaint, investigation, or proceeding that could result in a "yes" answer to any previous questions? Y N

Copy of E&O Certificate (\$1mil coverage required)

Commission Remittance (please only choose ONLY one):

Direct Deposit- Paid 2 times each month for all companies (15th & End of Month) with a \$25 minimum. (Please complete required EFT form)

Paper Check- Paid via paper check once each month (last business day) with a \$100 minimum.

LOA Agents: Complete the PPSW form. Direct-pay contract will deduct appointment Fees from Commissions.

Would you like a fee schedule emailed? Yes No

If contracting as an Agency/Officer setup, are you going to be personally soliciting business? Yes No

I attest to abiding to the Carrier Agreement, Policy, & AML Guide (can be provided upon request) and receiving the following Carrier Statement:

As part of our contracting process due diligence, several inquiries will be made including a check of state and federal court records, a credit check, a Vector One check for agent commission debit balances and a routine investigative consumer report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. These inquiries include information concerning criminal court reports, credit history, unpaid agent commission debit balances, character, general reputation, personal characteristics and mode of living. As applicable, employment, occupation, general health, habits, residence verification and marital status may be included. You have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of this investigation. You authorize all persons and entities to release all written and verbal information about you to Vector One, Applicant Insight Limited, Inc., Manhattan Life Insurance, Family Life Insurance Company, ManhattanLife Assurance Company of America, Standard Life and Casualty Insurance Company, ManhattanLife of America Insurance Company and Western United Life Assurance Company. You release and agree to hold Manhattan Life Insurance, Family Life Insurance Company, ManhattanLife Assurance Company of America, Standard Life and Casualty Insurance Company, ManhattanLife of America Insurance Company, Western United Life Assurance Company, Vector One and Insight Limited, Inc. harmless from all liability and responsibility for doing so. You also authorize the procurement of an investigative consumer credit report and Vector One inquiry.

I attest that the information I provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify GoldenCare/NIB within 5 days of such change, and they may contact me to answer carrier specific questions. I also understand that this Questionnaire is good for 90 days, and after that period I may be contacted to update any applicable information.

I agree to allow GoldenCare/NIB to continue all activity relevant to administrative & appointment processes.

Signature: _____ Date: _____

REQUIRED SIGNATURE

Please sign in the center of the box below.

AGENT NAME: _____ DATE: _____
(PRINT NAME HERE)

SIGNATURE AUTHORIZATION

PLEASE READ THIS AUTHORIZATION, SIGN IN THE CENTER OF THE BOX BELOW AND SUBMIT THIS FORM BY FOLLOWING THE INSTRUCTIONS PROVIDED ON THE COVER PAGE.

I, _____, hereby authorize and direct GoldenCare USA LLC and National Independent Brokers LLC (each an "Agency" and together the "Agencies"), each insurance carrier with which they contract (each a "Carrier" and together, the "Carriers") and any third party operating a portal used for contracting ("Third Parties," and together with the Agencies and Carriers, collectively, the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms, agreements and other related instruments ("Appointment Forms") of any Carrier requested by me in writing, for purposes of, and in furtherance of, obtaining such Carrier's appointment and authorization permitting me to sell its products (the "Initial Purpose"), and to continue, on my behalf thereafter, all activity relevant to post-appointment administrative and sales-related processes for purposes of, and in furtherance of, selling such Carriers' products (the "Secondary Purpose" and together with the Initial Purpose, the "Purposes"), including affixing my signature to any and all required signature fields on forms, agreements and other related instruments in furtherance of the Secondary Purpose ("Administrative Forms"). My signature will not be used by the Authorized Parties for any purpose other than the Purposes.

In connection with the Purposes of becoming authorized to sell and selling Carrier insurance products, the Authorized Parties shall be permitted to create a personal User ID and Password (which the Authorized Parties will provide to me upon my request), complete and submit all such Appointment Forms and Administrative Forms to achieve the foregoing Purposes (each of which will be furnished to me upon my request following its execution for my records to the extent in the possession of an Agency, or, if not in the possession of an Agency, each of which may be provided to me upon Agency's commercially reasonable efforts to obtain such Appointment Forms and Administrative Forms from the requisite Carrier). By my signature below, I hereby agree that execution on the foregoing Appointment Forms and Administrative Forms of any Carrier by the Authorized Parties shall be binding upon me and have the same effect as if I directly executed such forms, agreements or instruments. I hereby release, indemnify and hold harmless the Authorized Parties against any and all claims, demands, losses, damages, and cause of action, including expenses, costs and reasonable attorneys' fees which may be sustained or incurred as a result of its reliance on any of the Appointment Forms or Administrative Forms bearing my signature pursuant to the authorization granted hereunder.

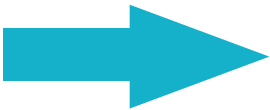
By my signature below, I certify that the supporting background information I have submitted to the Authorized Parties, including as provided to you on the attached Background Information Questionnaire, is complete and correct to the best of my knowledge. I understand that such information is valid for 90 days from the date hereof, and that after such period, I may be contracted to update any applicable information.

I hereby acknowledge that I have had the opportunity to consult with independent legal counsel regarding any questions I may have about this authorization page prior to my execution thereof.

REQUIRED SIGNATURE:

PLEASE SIGN YOUR NAME IN THE CENTER OF THE BOX BELOW.

Please use BLACK ink.



DIRECT DEPOSIT FOR COMMISSION PAYMENTS

Complete the applicable section(s) of this form

Agent's Full Name _____

Is this a new account or a change to existing information? New Change Terminate

Do you want your commission check deposited into your savings or checking account?

- Checking – *please enclose a voided check.*
 Savings – *please enclose bank statement or deposit slip.*

What is the full name on your account? _____

Is there a "Doing Business As" (DBA) name or any other separate legal entity associated with this account?

If so, please specify: _____

Is there another individual's name on this account? Yes No If yes, provide: _____

ABA/Transit/Routing#: _____ Bank Name _____

Account #: _____ Street _____

Please specify type of financial institution: _____ City _____

- Bank Credit Union Savings & Loan State _____ Zip _____

Branch(if applicable): _____ Bank Phone Number _____

CREDIT CARD AUTHORIZATION - (LOA) CONTRACTS WITH MANHATTANLIFE ONLY

If requesting a ManhattanLife Licensed-Only (LOA) contract through GoldenCare, complete the fields below:

By providing GoldenCare with my credit card information, I understand that it will be saved to file, and I authorize GoldenCare to use this information exclusively in the contracting submission for ManhattanLife.

Card Type:   Other

Card Number: _____ Expiration Date: _____ Security Code/CVV: _____

Cardholder Name (as shown on card) _____

Cardholder Billing Address: _____

City _____ State _____ Zip _____

Being the authorized cardholder and by signing below, I authorize GoldenCare/National Independent Brokers (NIB) to use the provided credit card information in my contracting process with ManhattanLife (MLIC/WULA/SLAC/MIAC), which will cover any of my LOA appointment fees in the states requested. I understand that, in the event my credit card becomes invalid, I will provide new valid credit card information upon request to cover said fees or any outstanding balances with ManhattanLife.

Signature _____ Cardholder Printed Name _____

Thank You!

We appreciate the opportunity to do business with you.