



GOLDENCARE

Planning Today For A Secure Tomorrow

AN INTEGRITY COMPANY

Thank You for Contracting with GoldenCare Your Success Is Our Priority

In order to keep our records current, and because 90 days has elapsed since you submitted your contracting paperwork, we ask that you review and sign the following statement.

(*New Agents: please visit www.goldencareagent.com and complete our full Contracting Made Easy packet.*)

I hereby certify that the answers I provided on the Background Information Questionnaire have **changed*** **not changed** since the date I signed the form.

* If "Changed," Please provide details on a separate sheet of paper with your printed name and signature.

Name: (Please Print) _____

Last Four Of SSN: _____ Phone: _____ Resident State: _____

Email: _____

Agency: (If Applicable) _____

Name of Upline Manager (If Applicable): _____

Business Address: _____

Home Address: _____

Signature: _____ Date: _____

Please Expedite: New Business Being Taken/Submitted:

Application Date: _____ Client Resident State: _____ Application Sign-In State: _____

Carrier/Type of Policy: _____ Client Last Name: _____

Non-Resident State(s) to be included on contract: _____

Please use these checkboxes to ensure you are contracted with ALL carriers of your choice:

(Please select at least one)

- Mutual of Omaha and Affiliates LTC* † MedSupp/Dental
- MA* PDP* CHS/DI* AccDeath Living Promise
- UL IUL* † TLA* TLE GULE CWL Annuities*
- Transamerica LTC** † Life/MS
- Thrivent** † (LTC)
- National Guardian Life (NGL)* † (LTC)
- OneAmerica/State Life (Hybrid)
- Securian** Secure Care † Eclipse Protector IUL
- Guarantee Trust Life Critical Cash / Critical Care
- HHC CHS MS HI STC SBSA CLS
- Aetna Affiliates/CVS Health (MS/Life/Health/STC)
- Ameritas/Security Life (Dental)
- Ameritas/Security Life (Dental)
- Gerber (Life**)
- Humana (MA/MS)
- Lumico (MS)
- SureBridge (DVH)
- True Freedom (HHC Service Contracts)
- Union Security (MS)
- Other: _____

* \$1,000,000 E & O Required

** \$1,000,000 E & O Required/Provide Proof of Coverage

† Requires Compliance with LTCi Partnership

Abbreviations: "LTC" Long-Term Care, "MS" Medicare Supplement, "STC" Short Term Care, "HHC" Home Health Care, "DI" Disability Income, "HI" Hospital Indemnity, "CI" Critical Illness, "CHS" Cancer/Heart/Stroke, "CLS" Cancer Lump Sum, "CWL" Childrens Whole Life, "DVH" Dental/Vision/Hearing, "SBSA" Selected Benefit Services Association.

Please fax this form to 866-863-8608, email to: contracting@goldencareusa.com,
Or mail to: GoldenCare, 10700 Old County Road 15, Suite 450, Plymouth, MN 55441

If you have any questions, please contact us at 800-842-7799.