



# 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](http://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)*

- |  |  |  |   |
|--|--|--|---|
| <input type="radio"/> <b>Mutual of Omaha and Affiliates</b>        | <input type="checkbox"/> LTC* †                        | <input type="checkbox"/> MedSupp/Dental        | <input type="radio"/> <b>AmCont/ContLife/Aetna</b> (MS/Life/Health/STC) |
| <input type="checkbox"/> MA*                                       | <input type="checkbox"/> PDP*                          | <input type="checkbox"/> CHS/DI*               | <input type="checkbox"/> AccDeath                                       |
| <input type="checkbox"/> Living Promise                            | <input type="checkbox"/> UL                            | <input type="checkbox"/> IUL* †                | <input type="checkbox"/> TLA*   |
| <input type="checkbox"/> TLE                                       | <input type="checkbox"/> GULE                          | <input type="checkbox"/> CWL                   | <input type="checkbox"/> Annuities*                                     |
| <input type="radio"/> <b>Transamerica</b>                          | <input type="checkbox"/> LTC** †                       | <input type="checkbox"/> Life/MS               | <input type="radio"/> <b>Ameritas/Security Life</b> (Dental)            |
| <input type="radio"/> <b>United Security Assurance</b> †           | <input type="checkbox"/> LTC                           | <input type="checkbox"/> LifeStyle             | <input type="radio"/> <b>Gerber</b> (Life**)                            |
| <input type="radio"/> <b>National Guardian Life (NGL)* †</b> (LTC) |  |  | <input type="radio"/> <b>Humana</b> (MA/MS)                             |
| <input type="radio"/> <b>OneAmerica/State Life</b> (Hybrid)        |  |  | <input type="radio"/> <b>Kemper</b> (HHC/Life)                          |
| <input type="radio"/> <b>Securian**</b>                            | <input type="checkbox"/> Secure Care †                 | <input type="checkbox"/> Eclipse Protector IUL | <input type="radio"/> <b>Lumico</b> (MS)                                |
| <input type="radio"/> <b>Guarantee Trust Life</b>                  | <input type="checkbox"/> Critical Cash / Critical Care |  | <input type="radio"/> <b>SureBridge</b> (DVH)                           |
| <input type="checkbox"/> HHC                                       | <input type="checkbox"/> CHS                           | <input type="checkbox"/> MS                    | <input type="checkbox"/> <b>True Freedom</b> (HHC Service Contracts)    |
| <input type="checkbox"/> HI  | <input type="checkbox"/> STC                           | <input type="checkbox"/> SBSA                  | <input type="checkbox"/> <b>Union Security</b> (MS)                     |
| <input type="checkbox"/> CLS                                       |  |  | <input type="checkbox"/> <b>Other:</b> _____                            |

\* \$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](mailto: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.