



GOLDENCARE

Planning Today For A Secure Tomorrow

AN INTEGRITY COMPANY

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 and arrange to have your commissions deposited directly into your checking or savings account.

Simply print these pages to complete by hand. Or save time by taking advantage of our fillable forms, which can allow this paperwork to be completed faster!

If using fillable forms, once all entries are made, print and **sign where required** on the Agent Data Sheet, Background Questionnaire, and Signature Page.

(Be sure to keep a copy for your records!) *

Simply complete the Agent Data Sheet & Background Information Questionnaire. (Be sure to provide your signature in the CENTER of the box on the Required Signature page.) If you wish the convenience of direct deposit, complete the easy form and send along with a voided check.

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

You may fax all of the above to 866-863-8608 or mail to:

GoldenCare

10700 Old County Road 15, Suite 450

Plymouth, MN 55441

As you will see on the Agent Data Sheet, some carriers require Errors & Omissions coverage. E & O coverage is a worthwhile investment, considering the affordable premium versus the high levels of liability covered. *Great News:* If you enroll in the 2020/2021 E & O plan, and submit one qualifying application written between April 1, 2020 and April 1, 2021, you will receive a discount on your 2021/2022 enrollment! It's never too late to enroll. Coverage is pro-rated for the period you are covered.

For details, qualifying business, and/or to enroll online, click on "Discounted E & O" under "Valued Added Differences," within the *Why GoldenCare* tab of www.goldencareagent.com.

And while you are on our website, check out the many programs and services we offer!

* Please note: This type of fillable form is unable to save information entered into fields. Once completed, you will need to print physical copies. (One for yourself, one to sign/submit to our office)

**Your Success Is Our Priority
It Is A Pleasure To Be Of Service To You**

AGENT DATA SHEET FOR BROKERS

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

📧 contracting@goldencareusa.com

🖨 866-863-8608 | 📞 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: _____
 Resident License - State & License Number for appointment (Provide copy of license) _____
 Non-Resident License - State(s) & License Number(s) for appointment (Provide copy of license(s)) _____
 Designated Beneficiary and Relationship _____
 Check type of contract you are requesting: Individual Agency Licensed Only
 If Agency, provide Agency name and copy of agency license _____
 - Type of Agency: S-Corporation C-Corporation Partnership Other _____
 Agent's Title Within Agency and Tax ID (if applicable) _____
 E-Mail Address (required) _____
 Residence Address - Street (No P.O. Boxes) _____
 City _____ State _____ Zip _____ Number of Years at this address? _____
 Have you lived in a different state or county than your present one within the last 5 years? Yes No
 If yes, please provide state/county: _____
 Residence Phone _____ Mobile Phone _____
 Business Address - Street (No P.O. Boxes) _____
 City _____ State _____ Zip _____
 Business Phone _____ Business Fax _____
 Name of Upline Manager (if applicable) _____
 Where Did You Obtain Our Contracting Paperwork? Webinar/Seminar Requested via Email/Mail Other

INDICATE CARRIER(S) WITH WHICH TO BE CONTRACTED - (Please select at least one)

- | | |
|---|---|
| <input type="radio"/> Mutual of Omaha & Affiliates <input type="checkbox"/> LTC* [†] <input type="checkbox"/> MedSupp/Dental
<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"/> Transamerica <input type="checkbox"/> LTC** [†] <input type="checkbox"/> Life/MS
<input type="radio"/> Thrivent**[†] (LTC)
<input type="radio"/> National Guardian Life (NGL)*[†] (LTC)
<input type="radio"/> OneAmerica/State Life (Hybrid)
<input type="radio"/> Securian** <input type="checkbox"/> SecureCare [†] <input type="checkbox"/> Eclipse Protector IUL
<input type="radio"/> Guarantee Trust Life <input type="checkbox"/> Critical Cash / Critical Care
<input type="checkbox"/> HHC <input type="checkbox"/> CHS <input type="checkbox"/> MS <input type="checkbox"/> HI <input type="checkbox"/> STC <input type="checkbox"/> SBSA <input type="checkbox"/> CLS | <input type="radio"/> Aetna Affiliates/CVS Health (MS/Life/Health/STC)
<input type="radio"/> Ameritas/Security Life (Dental)
<input type="radio"/> Gerber (Life**)
<input type="radio"/> Humana (MA/MS)
<input type="radio"/> Lumico (MS)
<input type="radio"/> SureBridge (DVH)
<input type="radio"/> True Freedom (HHC Service Contracts)
<input type="radio"/> Union Security (MS)
<input type="radio"/> Other: _____ |
|---|---|

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

CURRENT E & O INFORMATION (Provide copy of contract)

Coverage Provided By _____
 Policy Number _____
 Coverage Amount per occurrence _____
 Total Amount of Coverage/Aggregate _____
 Effective Date _____
 Expiration Date _____

PRIORITY HANDLING FOR NEW BUSINESS

Did you submit new business with your contracting? Yes No
 If yes, Is Application State non-resident? Yes No
 Please provide **Carrier Name, Product, Date, State,** and **Client Name**
 so that we can expedite the contracting process accordingly.

Agent Signature _____
Date _____

BACKGROUND INFORMATION QUESTIONNAIRE

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

AGENT NAME: _____

1	Have you ever been charged or convicted of or plead guilty or no contest to any Felony, Misdemeanor, or violation of federal/state insurance and/or securities or investment regulations and statutes? Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you ever been convicted of or plead guilty or no contest to any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	Have you ever been convicted of or plead guilty or no contest to any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1C	Have you ever been convicted of or plead guilty or no contest to a violation of federal or state securities or investment related regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D	Have you ever been convicted of or plead guilty or no contest to a violation of state insurance department regulation or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1E	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1F	Have you ever been charged with any Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1G	Have you ever been charged with any Misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1H	Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1I	Have you ever paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any Felony or Misdemeanor offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1J	Are you in possession of a valid 1033 waiver from a state DOI or other regulatory authority for any of the above offense(s)? If yes, attach/include 1033 waiver.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been or are you currently being investigated, have any pending indictments, litigation, lawsuits, or have you ever been in a lawsuit with an insurance company, client or prospect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A	Are you currently under investigation by any legal or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2B	Have you ever been under investigation by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2C	Have you ever been or are you currently involved in any pending indictments, litigation, lawsuits, civil judgments or other legal proceedings (civil or criminal, family court may be omitted)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2D	Have you ever been named as a defendant or co-defendant in a lawsuit, or have you ever sued or been sued by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2E	Have you ever been sued by an applicant or insured involving the solicitation or sale of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has any insurance or financial services company, or broker-dealer terminated your contract or appointment for cause, or permitted you to resign for a reason other than lack of sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3A	Were you terminated/resigned because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3B	Were you terminated/resigned because you were accused of fraud or the wrongful taking of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3C	Were you terminated/resigned because of a failure to supervise in connection with insurance or investment related statutes, regulations, rules or industry standards or conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever had an appointment with any insurance company terminated for cause or been denied an appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does any insurer, insured, marketing organization, or other person claim any commission chargeback or other indebtedness from you as a result of any insurance transactions or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A	Are you indebted to any insurance company or agency manager (including debit balance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Has any lawsuit or claim ever been made against your surety company, or errors and omissions insurer, arising out of your sales or practices, or have you been refused surety bonding or E&O coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6A	Has a bonding or surety company ever denied, paid on or revoked a bond for you? Or have you ever had a claim filed against your surety company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6B	Have any Errors & Omissions (E&O) carriers ever denied, paid claims on or canceled your coverage? Or have you ever had a claim filed against your E&O carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7	Have you ever been alleged or found to have engaged in any fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever had an insurance/securities license denied, suspended, canceled or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Has any state or federal regulatory body found you to have been a cause of an investment OR insurance related business having its authorization to do business denied, suspended, revoked, restricted, or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Has any state or federal regulatory agency revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Has any state or federal regulatory agency found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you ever had any interruptions in licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Has any state, federal, or self-regulatory agency such as an insurance department, FINRA, CMS, OIG or the SEC, filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you, or are you currently under investigation, for a violation of their regulations or state or federal statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13A	Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13B	Has any state, federal, or self-regulatory agency filed a complaint against you, fined or sanctioned you, or are you currently under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13C	Are you or have you ever been excluded from participation in Medicare or any other federal program or ever appeared on the OIG or SAM exclusion list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13D	Have you ever been excluded, or are you aware of any actions that could result in an exclusion, by the Office of Inspector General from participation in a government health care program, including Medicare and Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you ever been the subject of a consumer initiated complaint, even if dismissed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14A	Have you ever paid a fine related to a consumer complaint, failure to renew your license or continuing education credit in excess of \$500?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14B	Have you ever had a complaint reported against you (even if dismissed) by a consumer and/or insurance company for any reason with any department of insurance, FINRA, or other regulatory reporting agency including CMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you personally, or any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition, declared bankruptcy, or defaulted on a promissory note or any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15A	Have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15B	Has any insurance or securities brokerage firm with whom you have been associated, filed a bankruptcy petition or declared bankruptcy either during your association or within five years after termination or such association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15C	Is the bankruptcy pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15D	Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you ever had unsatisfied judgments, garnishments, collections, civil litigation, foreclosures, or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Are you connected in any way with a bank, savings & loan association, or other lending or financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you ever used any other names or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Have you ever been known by or conducted business under any name other than the one shown on the previous page? If so, please provide name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Have you had your driver's license revoked within the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Do you have any unresolved matters pending with the IRS or other taxing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21A	Are you presently or have you ever been reported as delinquent on state or federal taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Do you currently have, or had within 30 days, a credit freeze or security freeze in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Do you have other information related to criminal, insurance-related complaints, credit, etc., that was not covered by these questions that you wish to disclose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that the information I have provided is true to the best of my knowledge. I acknowledge that if any information changes, I will notify GoldenCare 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 of time, a GoldenCare representative may be contacting me to update any applicable information.

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

Signature: _____ Date: _____

CARRIER-SPECIFIC LICENSING QUESTIONS

Please answer the following questions **only if requesting appointment with the specific carrier specified.**

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

AGENT NAME: _____

UnitedHealthcare

1	Have you ever had your driver's license revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Have you had your driver's license revoked within the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever been convicted of a misdemeanor (other than traffic) including an alcohol or drug-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you owe any insurance company, marketing organization or individual for any premium collected or monies advanced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Failure to accurately and honestly answer any of the following questions may result in a declination of your application and appointment with UnitedHealthcare.

By signing below, you confirm that all of the information provided for UnitedHealthcare appointment is true and accurate to the best of your knowledge.

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.

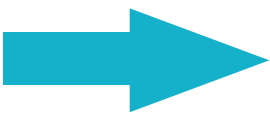
I, _____, hereby authorize SuranceBay, LLC, NoMoreForms, Medica Broker Intake Tool, Efficient Contracting Solutions, AIMC, SureBridge Suppsportal.com and its general agency customers (the "Authorized Parties") to affix or append a copy of my signature, as set forth below, to any and all required signature fields on forms and agreements of any insurance carrier (a "Carrier") designated by me through the SureLC, NoMoreForms, Medica Broker Intake Tool, Efficient Contracting Solutions, AIMC or Suppsportal.com electronic contracting software or through any other means, including without limitation, by email or orally. For the purpose of becoming authorized to sell Carrier insurance products, the Authorized Parties shall be permitted to create a personal User ID and Password, complete and submit all such forms and agreements, and continue all activity relevant to administrative, sales information and processes on my behalf. 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 form or agreement bearing my signature pursuant to the authorization granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Parties is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms and agreements which the Authorized Parties have been authorized to affix my signature. I understand that the Background Information Questionnaire is valid for 90 days from the date signed, and after that period I may be contacted to update any applicable information.

REQUIRED SIGNATURE:

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

Please use BLACK ink.



PRODUCERIDXXX

GoldenCare appreciates the opportunity to assist you with your contracting.
Feel free to contact our office with any questions - 800-842-7799!

Your Success Is Our Priority.

ENJOY THE CONVENIENCE OF DIRECT DEPOSIT FOR COMMISSIONS

By Filling Out This Simple 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 Savings

If checking, please enclose a voided check.

If 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: _____

What is the ABA/transit/routing number? _____

What is your checking (or savings) account number? _____

Bank Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

Please specify type of financial institution: Bank Credit Union Savings & Loan

Please specify branch: _____

Mutual of Omaha and Affiliates - Express Pay Opt In

Eligibility requires Direct Deposit, Electronic Statements and no active Legal Judgments. Express Pay is calculated daily.
(If unselected, default pay cycle is Weekly.)

Thank You!

We appreciate the opportunity to do business with you.

For assistance, call GoldenCare at 1-800-842-7799