

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.

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*** on the Agent Data Sheet, Background Questionnaire, and Signature Page. (Keep a copy for your records!) **

Complete the Agent Data Sheet & Background Information Questionnaire. (Provide your signature in the CENTER of the box on the Required Signature page.) If requesting direct deposit (*required for certain contracts*), complete the form and send along with a voided check.

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. *Great News:* If you enroll in the 2022/2023 E & O plan, and submit 1 qualifying application written between April 1, 2022 and April 1, 2023, you will receive a discount on your 2023/2024 enrollment! It's never too late to enroll. 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.

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

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): _____

Designated Beneficiary and Relationship _____

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 _____

E-Mail Address (required) _____

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 select at least one)

- Mutual of Omaha & Affiliates LTC*[†] MedSup/Dental
- PDP* CHS/DI* AccDeath Living Promise FE UL
- IUL*[†] IULE*[†] TLA* TLE CWL Annuities*

Thrivent**[†] (LTC)

National Guardian Life (NGL) LTC*[†] Funeral Trust

OneAmerica/State Life (Hybrid)

Securian** SecureCare[†] Eclipse Protector II IUL

Guarantee Trust Life Critical Cash/Care STC STHHC

HomeCare Secure HomeLife Secure FE HI CHS

SBSA MS

True Freedom (HHC Service Contracts)

ACE (MS)

Aetna Affiliates/CVS Health/Accendo

Aflac (MS/FE)

Cigna

Great Western Insurance Company

Humana MA MS

Lumico (MS)

Medica*

SureBridge* (DVH)

Union Security (MS)

United Healthcare*

Other: _____

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

NOTE: An advance with Mutual of Omaha & Affiliates will impact *all* health products, except AccDeath.

* \$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: _____

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 _____

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
22	Are you presently or have you ever been reported as delinquent on state or federal taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	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
24	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: _____

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, National Independent Brokers LLC and American Independent Marketing, 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.



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