

Licensing Data Sheet

Requirements necessary for Resident Licensing:

- Prospective Sub-Broker Application.
- Current copy of Agent License –Life and Health.
- Current copy of Broker License –Life and Health.
- Fees: Appointment Fee made payable to Golden Rule.
- Copy of Agency Registration License if commissions are to be paid to an agency.
- W-9 Form (required only if commissions are paid directly to you).

Requirements necessary for Nonresident Licensing:

- Current copy of Agent License – Codes 02 & 04 or Life and Health.
- Current copy of Broker License – Codes 02 & 04 or Life and Health.
- Copy of Agency Registration License if commissions are to be paid to an agency.
- Fees: \$8 Appointment Fee made payable to Golden Rule.

Applications will not be accepted until you have received written notification of an effective date.

20% First Year
5% Renewal



PROSPECTIVE BROKER APPLICATION

Golden Rule Insurance Company

GRIC Manager/Representative _____
General Broker Name: _____ Tax ID Number: _____

Complete Name _____ I prefer to be called: _____

Name of Agency or Company _____

Business Street Address _____ (Required for Supplies)

Business Mailing Address _____

City _____ County _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Home Address _____

City _____ County _____ State _____ Zip _____

Phone (____) _____ Birth Date _____ Gender _____

Social Security No. _____ (This will be your producer number.)

Length of time in present community _____. If less than five years, please provide previous address(es) on the back of this form.

Please check the appropriate box.

- All commissions are to be paid to me.
All commissions are to be paid to _____ Agency, Company, or Name Tax ID # _____

Please check the appropriate box. (If YES, please provide details on the back of this form.)

Table with 2 columns: YES, NO. 9 rows of questions regarding insurance history, debt, disciplinary actions, claims, and legal issues.

Please provide two references. (We prefer clients you service other than family members.)

Name _____ City/State _____ Phone _____
Name _____ City/State _____ Phone _____

I hereby represent that the answers and statements provided on this form are correct, complete, and wholly true to the best of my knowledge and belief. I authorize Golden Rule Insurance Company to obtain information concerning my character, general reputation, personal characteristics, credit history, mode of living, and other applicable data as part of the appointment and/or contract process with Golden Rule. A copy of the authorization is as valid as the original. This authorization will remain valid until I revoke it in writing sent to Golden Rule's Home Office.

Signature _____ Date _____

NOTE: No business may be solicited until all state licensing and Golden Rule appointment and/or contract requirements have been met, and you have been advised of that fact in writing by Golden Rule. 34370GBN-0403

PROFILE INFORMATION

1. How many new permanent individual health applications did you personally write in the past 12 months with all companies combined -- excluding Short Term, Medigap, and Employer/Group policies? (Check one.)

- 0
 1-3
 4-7
 8-11
 12-20
 21-50
 51-100
 101+

2. What type of permanent individual health plans do you personally write most often -- excluding Short Term, Medigap, and Employer/Group policies? (Check one.)

- Low Deductible Copay Plans** -- Plans with \$1,000 or lower deductible which include doctor office visit copays.
 High Deductible Copay Plans -- Plans with \$1,250 or higher deductible which include doctor office visit copays.
 Traditional Major Medical Plans -- Major medical plans that do not include doctor office visit copays.
 MSA Plans -- Plans for the self-employed that combine medical insurance with a tax-favored savings account.
 Hospital Surgical Plans -- Lower premium plans which primarily cover major hospital and surgical expenses.
 Other -- Please specify. _____

3. Please put the number 1 by the company you consider to be your primary source for your new permanent individual health applications and a number 2 by your secondary company. **Please mark 1 and 2 only.**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> American Community | <input type="checkbox"/> Empire / Zurich | <input type="checkbox"/> Mega Life & Health | <input type="checkbox"/> Unicare |
| <input type="checkbox"/> American Medical Security (AMS) | <input type="checkbox"/> Farm Bureau | <input type="checkbox"/> (NASE) | <input type="checkbox"/> United American |
| <input type="checkbox"/> American National | <input type="checkbox"/> Fortis / Time | <input type="checkbox"/> Midwest Security | <input type="checkbox"/> United Healthcare |
| <input type="checkbox"/> American Republic | <input type="checkbox"/> Freedom Life | <input type="checkbox"/> Mutual of Omaha | <input type="checkbox"/> United Security |
| <input type="checkbox"/> Anthem | <input type="checkbox"/> Golden Rule | <input type="checkbox"/> Pacific Life | <input type="checkbox"/> Wisconsin Physician Service |
| <input type="checkbox"/> Blue Cross / Blue Shield | <input type="checkbox"/> HMO | <input type="checkbox"/> Pekin | <input type="checkbox"/> World |
| <input type="checkbox"/> Celtic | <input type="checkbox"/> IAC / Fidelity Security | <input type="checkbox"/> Provident | <input type="checkbox"/> None |
| <input type="checkbox"/> Central Reserve Life | <input type="checkbox"/> John Alden | <input type="checkbox"/> Reliance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Continental General | <input type="checkbox"/> Kaiser (HMO) | <input type="checkbox"/> Trigon | |
| | <input type="checkbox"/> Medical Savings Insurance (MSI) | <input type="checkbox"/> Trustmark | |

4. What are the top 2 reasons you write with the primary company in Question #3? (Check one in each section.)

Reason #1

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Broker Service | <input type="checkbox"/> Company Stability / Ratings | <input type="checkbox"/> PPO Network | <input type="checkbox"/> Underwriting |
| <input type="checkbox"/> Claims Payment | <input type="checkbox"/> Familiar / Easy To Use | <input type="checkbox"/> Product Benefits / Design | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> New Business Rates | <input type="checkbox"/> Rate Stability | |

Reason #2

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Broker Service | <input type="checkbox"/> Company Stability/Ratings | <input type="checkbox"/> PPO Network | <input type="checkbox"/> Underwriting |
| <input type="checkbox"/> Claims Payment | <input type="checkbox"/> Familiar / Easy To Use | <input type="checkbox"/> Product Benefits / Design | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> New Business Rates | <input type="checkbox"/> Rate Stability | |

5. How many new permanent individual health applications do you personally plan to write in the next 12 months with all companies combined -- excluding Short Term, Medigap, and Employer/Group policies? (Check one.)

- 0
 1-3
 4-7
 8-11
 12-20
 21-50
 51-100
 101+

PERSONAL DATA DETAILS:

DISCLOSURE

GOLDEN RULE INSURANCE COMPANY MAY OBTAIN A CONSUMER REPORT ABOUT YOU IN CONNECTION WITH YOUR PROSPECTIVE BROKER APPLICATION ("PBA").

AUTHORIZATION

I authorize Golden Rule Insurance Company to conduct a public records search, and/or to obtain a consumer report and/or an investigative consumer report about me from a consumer reporting agency. These reports may concern my credit history, worthiness, standing, and/or capacity. These reports may also concern my character, general reputation, personal characteristics, criminal and civil history, and/or mode of living. I understand that Golden Rule will use this information in whole or in part as a factor in considering my PBA.

I understand that if Golden Rule decides not to approve my PBA, and thereby to take adverse action against me because of information contained in any consumer report(s) authorized by my signature on this form, Golden Rule will provide to me:

- A written pre-adverse action disclosure;
- An adverse action notice;
- A copy of any consumer report(s) received and used by Golden Rule;
- A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act";
- The name, address, and telephone number of any consumer-reporting agency that furnished a consumer report about me to them.

I understand that I am entitled to contest the accuracy or completeness of information contained in any consumer report. I understand that I am entitled to receive an additional free copy of any consumer report. I understand that the consumer reporting agency does not itself make any decision regarding my PBA with Golden Rule, and the agency cannot explain Golden Rule's decision to me.

A photocopy or fax copy of this authorization shall be as effective as the original.

Printed Name

Social Security Number

Signature

Date

Street Address

City, State and ZIP

SUBSTITUTE FORM W-9**TAXPAYER IDENTIFICATION NUMBER REQUEST**

Please complete the following information. We are required by law to obtain this information from you when making Making a reportable payment to you. If you do not provide us with this information, your payments may be subject to a 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

I. TAX STATUS: Complete the information requested for the section that corresponds to your tax status

- Individual** – Please list your full name and Social Security Number

Name: _____

Social Security Number: _____

- Sole Proprietor** – Please list the business owner's full name, the business owner's Social Security Number, and the "doing business as" business name.

Business Owner's Name: _____

Business Owner's Social Security Number: _____

Doing Business As: _____

- Partnership** – Please list the legal name of the partnership, the partnership's Employer Identification Number, and the "doing business as" business name (if different than the legal name).

Partnership's Legal Name: _____

Partnership's Employer Identification Number: _____

Doing Business As: _____

- Corporation** – Please list the legal name of the corporation (do not abbreviate), the corporation's Employer Identification Number, and the "doing business as" business name (if different than the legal name).

Corporation's Legal Name: _____

Corporation's Employer Identification Number: _____

Doing Business As: _____

II. ADDRESS: Please fill in your current address below.**III. EXEMPTION:** If exempt from Form 1099 Reporting, check here, and check your qualifying exemption below.

1. Corporation
2. Tax exemption Charity under 501(a), or IRA
3. The United States or any of its agencies

IV. CERTIFICATION: I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

Person Completing This Form: _____

Signature: _____

Date: _____

Phone: () _____