

**Call NAAIP Agent Services before filling out PDF.**

**Call Now: 1-800-770-0492**



**eContracting Registration**

**eContracting Login**

## Cigna Medicare Supplement / American Retirement Life Insurance Company Contracting Application

### **Highest Commissions – Guaranteed!**

Highest commissions - Contracting - Cigna Medicare Supplement. Call NAAIP direct at **1-800-770-0492** for appointment. Alternatively, complete the attached application and sign where indicated. Fax or email your completed application along with copies of all insurance licenses for the states in which you will be soliciting business.

Appointed fees will be deducted off your EFT for your resident state (if applicable). Non-resident state appointment fees will be deducted with the submission of an application.

Please fax or email pages back to us that you have written on. Include your state insurance license(s), declaration page of your E and O insurance and void check. Void check must have pre-printed bank information - otherwise letter from the bank.

**Agents will be Contracted at the Highest Commission Level.  
Call NAAIP Agent Services before filling out this PDF for a higher contract.**

**1-800-770-0492**

Available in AL, CO, IA, IL, IN, KS, KY, LA, MS, MT, NE, NV, NM, NC, ND, OH, OK, PA, SC, SD, TX, UT, VA, WV and WY.

Please go to <http://www.hellosign.com> to electronically fill out the contract. Hellosign is free.

**Go to [www.naaip.org](http://www.naaip.org) to learn about our free agent websites with 3 quote engines and our free lead program. Monday thru Thursday conference call at Noon ET.**

**2014 Commission Schedule Click Here**

Sincerely,  
Agent Services ([www.naaip.org](http://www.naaip.org))  
Tel: 1-800-770-0492  
Fax: 1-866-436-1640  
Email: [david \(at\) naaip.org](mailto:david@naaip.org)

Cigna - Supplemental Benefits  
**PROSPECTIVE ASSOCIATE'S  
APPLICATION & PROFILE**

Please check each company you wish to be contracted and appointed with (herein collectively referred to as "Company"):

- Loyal American Life Insurance Company       American Retirement Life Insurance Company  
 United Teacher Associates Insurance Company

States you wish to be appointed In: \_\_\_\_\_

**I. PERSONAL INFORMATION**

Full Name \_\_\_\_\_  
*First Middle Last*

**ALL ISSUED POLICIES WILL BE MAILED DIRECTLY TO THE POLICY OWNER UNLESS THE FOLLOWING BOX IS CHECKED:**

**MAIL POLICIES TO AGENT**

**National Producer Number (NPN)** \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ SSN \_\_\_\_\_

Residence Address \_\_\_\_\_  
*Street City State County Zip*

Mailing Address \_\_\_\_\_  
*Street City State County Zip*

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Your Med Supp first year annualized issued premium for the past 12 months was: \$ \_\_\_\_\_.  
(For amounts of \$500,000 or more submit proof of production with this application).

**II. BUSINESS, LICENSE and COMMISSION PAYMENT INFO (Please attach copies of current licenses in all states you wish to be appointed.)**

**Please fill out all information. We require that all Associates have E&O coverage.**

Do you currently have E & O Coverage  Yes  No If "Yes," attach declaration page to application

Are you applying for an advance?  Yes  No If yes, please check one:  9 MO  6 MO

**Please Note: Only Med Supp policies are eligible for a 12 or 15 month advance. All other products are eligible for a 9 month maximum advance.**

**AGENCY/CORPORATE DATA** (complete only if you want to be appointed as an agency or corporation). Corporation must be licensed with Resident state in order to receive commission. **Note: Both signature lines in Section IV must be signed if applying as agency or corporation.**

Agency/Corporate Name: \_\_\_\_\_ Corp. Tax I.D. Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street City State County Zip*

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Make commissions payable to:  Individual  Corporation

**Direct Deposit/Automatic Draft Agreement**

I hereby authorize the Company to deposit any amounts advanced or owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") noted on this form. I authorize the bank to accept and to credit these entries to my account. In the event the Company erroneously deposits funds into my account, I authorize the Company to debit my account to recover these erroneous deposits. **I further authorize the Company to initiate electronic debit entries to my account for the payment of my appointment fees (the entry will appear with a description of "Supp Benefits").** This authorization shall remain in full force until the Company and Bank have received written notice from me of its termination in such time and manner as to afford the Company and Bank reasonable opportunity to act on it.

Agt. Name: _____	Agent No.: _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank Name: _____	Routing No.: _____	Acct. No.: _____

**Assignment of Commissions (if applicable)** Complete only if commissions are to be paid to another agent or agency other than the applicant.

For the value received, I \_\_\_\_\_ (assignor) of the city of \_\_\_\_\_, State of \_\_\_\_\_

Do hereby assign, transfer and set over to: \_\_\_\_\_ (assignee) \_\_\_\_\_ (TIN or SSN)

with address of \_\_\_\_\_

Its successors and assigns, my rights, title and interest in the first year and renewal commission which shall accrue to me under my contract with the Company. I further certify there is no previous assignment or assignments nor had any bill of sale of these commissions or any part thereof been previously made by me to any other person or persons, nor is there any claim against such commissions outstanding. I do for myself, my executors or administrators, guarantee the validity of the foregoing assignment.

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**III. BACKGROUND INFORMATION**

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Please answer all questions. **If you answer "Yes" to any of the questions, please explain in the area below or attach a separate sheet with details.**

- |    |                                                                                                                                                                                                                                                                                                                                       |                                 |                                |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 1) | Are you or have you ever been appointed with American Retirement Life Insurance Company, Central Reserve Life Insurance Company, Continental General Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company?<br>Explanation | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 2) | Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)<br>Explanation                                                                                                               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 3) | Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?<br>Explanation                                                                                                                           | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4) | Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?<br>Explanation                                                                                          | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 5) | Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?<br>Explanation                                                                                           | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 6) | Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?<br>Explanation                                                                                                                                                                                                     | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 7) | Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?<br>Explanation                                                                                                                                      | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 8) | Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?<br>BANKRUPTCY DISCHARGE/DISMISSAL DATE _____<br>Explanation                                               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

**IV. NOTICE**

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that an electronic version, fax or photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. **I certify that I have read and fully agree to the terms and conditions set forth in the Associates Agreement (Form # CSB-8-0001) including Section 20 which sets forth the terms and provisions relating to Mandatory Mediation, and Mandatory Binding Arbitration. If I have requested advance commissions, I have read and fully agree to the terms and conditions set forth in the Advance Pledge Agreement (Form # CSB-8-0001b) and the Promissory Note (Form # CSB-8-0001c) attached to this Application. I hereby agree to be bound by all terms and conditions of said Agreement(s).** Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

**For Maine Applicants Only** – Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

**For Washington Applicants Only** – The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 286, Marlton, N.J. 08053; for consumer compliance officer contact 800-260-1680.

**For California, Minnesota & Oklahoma Applicants Only** – A consumer credit report will be obtained through Business Information Group (B.I.G.), P.O. Box 286, Marlton, N.J. 08053. If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I want a copy \_\_\_\_ (initials); I do not want a copy \_\_\_\_ (initials). If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy. I want a copy \_\_\_\_ (initials); I do not want a copy \_\_\_\_ (initials). \* California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer’s receipt of the report (unless you elected not to get a copy of the report). You can find information about the privacy policy and practices of the background check provider before the background check takes place by viewing the privacy policy through B.I.G.’s website, <http://www.bigreport.com/Subpage.aspx?ChannelID=14>.

Signature of individual soliciting appointment



Date

Signature of Corporate Officer of business entity soliciting appointment



Date

**V. TO BE COMPLETED BY RECRUITER AGENT**

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Associate’s Agreement, including the Associate Promissory Note and Associate Advance and Pledge Agreement attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent		Prospective Associate’s Commission Level		
		ARLIC	Loyal	UTA
Signature of Appointing Agent				
Agent Number	Date			

# Request for Taxpayer Identification Number and Certification

**Give form to  
 the requester.  
 Do not send to  
 the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S= S corporation P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**PART I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>			
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%;"></td> </tr> </table>			
or			
<b>Employer identification #</b>			
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%;"></td> </tr> </table>			

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**PART II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.



**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**American Retirement Life Insurance Company – GA Commission Schedule Effective 2/01/2013**

COMMISSION SCHEDULE – The portion of the premium equivalent to the Part B deductible is not commissionable on plans that reimburse for the Part B deductible. Commissions are not paid on rate increases. Commissions in Years 11+ are service fees.

LEVEL	GA - 60		
<b>MEDICARE SUPPLEMENT - Check your state's outline of coverage for available</b>			
Plan A - All States unless otherwise noted below			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	5.0%	5.0%	2.0%
All Plans except Plan A - All States unless otherwise noted below			
Issue Ages ≤ 64 (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	5.0%	5.0%	2.0%
Issue Ages 65 - 79 (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	22.0%	3.0%	1.0%
Issue Ages 80+ (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	11.0%	2.5%	1.0%
Plan F, G & N - Texas			
65-79 (Yrs 1-7 / Yrs 8-10 / Yrs 11+)	21.0%	3.0%	1.0%
80+ (Yrs 1-7 / Yrs 8-10 / Yrs 11+)	10.5%	2.50%	1.0%
Plan A, F, G & N - Indiana			
65 and up (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	20.0%	0.0%	0.0%
Plan A, F, G & N Colorado			
≤ 65 (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	20.5%	5.0%	2.0%
65-79 (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	20.5%	5.0%	2.0%
80+ (Yrs 1-6 / Yrs 7-10 / Yrs 11+)	20.5%	5.0%	2.0%
Plan F, G & N West Virginia			
65-79 (Yrs 1-5 / Yrs 6-10 / Yrs 11+)	24.0%	5.0%	2.0%
80+ (Yrs 1-5 / Yrs 6-10 / Yrs 11+)	12.0%	2.5%	1.0%

Issue age states pending.

**E&O – not required but recommended**

**Copy of License(s) – Yes**

**NPN# on the contract – required**

**Background explanation – does not need to be signed**

**Appt fees – drafted from banking info included on the contract**

**Appt fees (after already active) – Agent emails us with licenses along with request to draft bank account**

**Pre-appt states – MT and PA**

**State Appointment Fees**

**Void check must have pre-printed bank information - otherwise letter from the bank**

Become appointed with Cigna Supplemental Benefits and take advantage of:

**Competitive Rates**

**High Commissions**

**No Wet Signature Required!**

**Clean Cases Issue in 2-4 days**

**Daily Advances**

