

Call NAAIP Agent Services before filling out PDF.

Call Now: 1-800-770-0492



eContracting Registration

eContracting Login

Combined Insurance Company of America Contracting Application

Highest Commissions – Guaranteed!

Agent contracting - highest commissions - Combined Insurance. 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.

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, AZ, IL, IN, KY, LA, MO, MS, NC, OH, OK, PA, SC, SD, TN, TX and WV.

Combined Insurance agent contracting - highest commissions.
Please go to <http://www.hellosign.com> to electronically fill out the contract. Hellosign is free.

Go to 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)
Tel: 1-800-770-0492
Fax: 1-866-436-1640
Email: [david \(at\) naaip.org](mailto:david@naaip.org)

Individual Data

Full Name _____
Last *First* *Middle*

Date of Birth ____/____/____ Social Security #: ____ - ____ - ____

National Producer Number (NPN) _____

Business Name (if different) _____

ADDRESS

Residence _____
Street *City* *County* *State* *Zip+4*

Business _____
Street *City* *County* *State* *Zip+4*

Preferred Mailing Address: Residential Business

E-mail _____

TELEPHONE NUMBERS

Business Phone..... (_____) _____ - _____

Cell Phone (_____) _____ - _____

Fax #..... (_____) _____ - _____

Residence Phone (_____) _____ - _____

How long have you been an agent or broker? _____

Professional Designations: _____

Agency Data (Only if an Agency is being contracted)

Agency Name _____

Address _____
Street *City* *County* *State* *Zip+4*

Tax Identification # (must match W-9) _____

Corporation Partnership Sole Proprietor LLC D/B/A

How long have you been and agency? _____

Who is the appointed agent officer with the Department of Insurance? _____

License Data

Enclose a current copy of each state agent/agency insurance license (life and health) under which you will be selling Combined Insurance Company products.

Has a contract between you and Combined Insurance Company ever been terminated?

No Yes If Yes, when? _____

General Information

Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any questions, you must attach an additional sheet explaining all relevant information and include supporting documents.

- Yes No 1. Do you have Errors & Omissions (E&O) coverage? (We require \$1million/\$1million for annuity sales)
- Yes No 2. Have you ever been convicted of any crime, other than minor traffic offenses?
- Yes No 3. Has any insurance company ever canceled any contract of employment or your agent's appointment for any reason other than non-production?
- Yes No 4. Does any insurer or agent claim that you are indebted to them under any agency contract or otherwise? If "yes," give amount of debt and how the debt will be repaid.
- Yes No 5. Have you ever been refused an original or renewal license or had a license suspended or revoked or terminated for any type of insurance license by any state government or regulatory agency?
- Yes No 6. Have you ever been fined or had disciplinary action taken against you with any Department of Insurance?
- Yes No 7. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No 8. Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
- Yes No 9. Within the past 10 years, have you ever had a complaint filed against you that resulted in a fine, penalty, cease or desist order, censure or consent order?
- Yes No 10. Have you ever defaulted on a (a) promissory note, or (b) any other debt, including consumer or credit card debt?

I certify, under penalty of perjury, that all answers and responses to questions and inquiries contained in this application are true, correct and complete. I further certify that I have read and am familiar with the sections of the insurance code for the state/s in which I am seeking appointment and that I am withholding no information which would affect my qualification for this appointment with Combined Insurance Company of America (Combined Insurance Company). I acknowledge that Combined Insurance Company has informed me that it may obtain consumer reports, reports of insurance department regulatory actions, and conduct investigative reports and background investigations on me or this agency for licensing purposes, initial and renewal state appointments, and at any other times Combined Insurance Company, at its discretion, deems necessary. I expressly authorize Combined Insurance Company to conduct these investigations and obtain consumer and credit reports and hereby authorize all persons and entities (including past and present employers) to provide Combined Insurance Company all requested information. I authorize Combined Insurance Company to use these reports and to provide them and any other pertinent information to all third parties where the third parties' legal interests and/or obligations are involved. I also authorize Combined Insurance Company to distribute any financial, business, legal, tax or work performance history regarding me or this agency that it receives from third parties or which is generated by Combined Insurance Company's data source that is not part of the investigative report, to all third parties including but not limited to agents or agencies that assume my debt balance responsibilities. By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at the time, result to me, as a result of conducting any investigation and/or using said information or as a result of compliance

with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original. I understand that if contracted, this authorization will remain valid as long as I am contracted with Combined Insurance Company. Combined Insurance Company obtains consumer reports from : First Advantage Corporation, 100 Carillon Parkway, Suite 100, St. Petersburg, FL 33716.

Residents of California, Minnesota and Oklahoma have a right to request a copy of the consumer report which will disclose the nature and scope of the report.


Yes, please provide me a copy of the consumer report.

I certify that I have reviewed this application and acknowledge that this application will form a part of my agent agreement with Combined Insurance Company. I further understand that if any information provided in this application is found to be incorrect or incomplete, it may be grounds for rejecting this application or for termination of my contract, all in the sole discretion of Combined Insurance Company. I understand Combined Insurance Company will accept business from me upon completion and acceptance of the Agent Appointment Packet from the Home Office.

I have completed all necessary forms and submitted all fees and a copy of my current insurance license(s).

Agent Printed Name

X _____ / ____ / ____
Signature of Agent *Date*



The General Agent accepts all responsibility for the applicant Agent and sponsors him as an Agent for Combined Insurance Company.

General Agent Printed Name

X _____ / ____ / ____
Signature of General Agent *Date*

(Direct Upline)

COMBINED INSURANCE COMPANY OF AMERICA

AGENCY CONTRACT

THIS AGREEMENT made and effective this _____ day of _____, _____ between **COMBINED INSURANCE COMPANY OF AMERICA**, an Illinois corporation, whose home office is located at 111 East Wacker Drive, Suite 700, Chicago, Illinois 60601, hereinafter called the "Company", and

of _____ County, State of _____, hereinafter referred to as the "Agent".

The Agent is:

- an individual, a partnership, a disregarded entity,
 a corporation organized under the laws of the State of _____.

WITNESSETH: That these two Parties agree to transact business upon the following terms and conditions:

AUTHORITY TO SOLICIT. The Agent is hereby authorized to solicit applications for insurance and annuities for the Company; both personally and through properly licensed Sub-Agents appointed and assigned by the Company to the Agent from time to time.

SUB-AGENTS. The Agent has the authority to recruit, and recommend for appointment to the Company, other Agents and or Agencies. Those who are appointed by the Company, in its discretion, are referred to below as "Sub-Agents". The Agent, agrees to use his best efforts to ensure that any Sub-Agent appointed on his recommendation is properly trained and supervised, and shall be responsible for such Sub-Agent's faithful performance of his contractual obligations with the Company.

GENDER and NUMBER. Any references in this Contract to gender is not limited to that gender but is intended to apply to either gender or to any legal entity not having a gender. The number of all words shall include the singular and the plural.

DUTIES. The Agent shall promote and safe-guard the best interests and good name of the Company; shall fairly, truthfully and properly represent the Company and its products and services; and shall faithfully perform, in an ethical and professional manner, all the duties within the scope of the appointment under this Contract. In particular, but without limitation, the Agent agrees to perform the duties set forth below:

Knowledge. Agent shall read and become familiar with all state insurance laws and regulations, the provisions of the Company's insurance policies that Agent sells and attend the Company's sponsored training sessions as deemed necessary by the Company.

Conformity with law. Agent agrees to comply with all civil and criminal laws and statutes and with state insurance laws, regulations and policies.

Company Rules & Regulations. Agent shall strictly observe each and all the rules, regulations, policies, procedures and requirements set forth periodically by the Company.

Disclosure & Notification. Agent will promptly make known and available to the Company all information which comes into Agent's possession or knowledge at any time concerning the underwriting of a risk, or of Agent's or Sub-Agent's suitability to perform or failure to perform any provision of this Contract. Agent shall promptly notify Company upon receiving notice of potential, threatened, or actual litigation or any regulatory inquiry or complaint with respect to this Agreement or any Product. Company shall have final decision-making authority to assume the administration and defense of any such action. A copy of the correspondence or document received shall accompany each notice.

COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

GOVERNING LAW. To the fullest extent controllable by our stipulation, this Contract shall be construed in accordance with the laws of Illinois applicable to contracts performed entirely within the State. All sums or amounts due or to become due to either party are payable in Chicago, Illinois. Any interpretation of the language, intent, performance or obligation of this Contract shall be done in accordance with the laws of the state of Illinois.

JURISDICTION, VENUE, ATTORNEY'S FEES AND COSTS. The Agent agrees that he shall be responsible for all costs including reasonable attorney fees, if any, incurred in the collection of any outstanding loan balances, debit balances, or account balances, accruing pursuant to this Contract and further agrees to the jurisdiction of any court of competent jurisdiction in Chicago, Illinois for purposes of resolving any conflicts under this Contract or for the purposes of allowing the Company to recover any amounts owed, including amounts loaned subsequent to the execution of this Contract. The Agent knowingly waives any objection to venue or the jurisdiction of the court.

IN WITNESS WHEREOF, the parties hereto have executed this Contract with the effective date as above written.



Agent Printed Name

X _____
Agent Signature

Social Security / Tax I.D. Number

Date

X _____
General Agent Printed Name and Signature
(Direct Upline)

Date

COMBINED INSURANCE COMPANY OF AMERICA

By:
It's:
Date:

GUARANTEE BY OFFICERS OR PARTNERS

If the Agent is a corporation or partnership, each of the undersigned, in consideration of the Company executing this Contract, represents to the Company that the principal stockholders or partners of the Agency, with their percentage of interest in the total ownership of the Agency, are as follows, and does hereby personally and severally guarantee the performance of all terms, liability and responsibility for any default in such terms, conditions, covenant, and/or amendments.

Signature: X _____ Title: _____ % Interest _____

Signature: X _____ Title: _____ % Interest _____

Signature: X _____ Title: _____ % Interest _____

Signature: X _____ Title: _____ % Interest _____

COMBINED INSURANCE COMPANY OF AMERICA

ANNUALIZATION AGREEMENT

For value received, Combined Insurance Company of America (the "Company") and the below indicated Borrower and/or Guarantor, enter into this Agreement upon the following terms and subject to the following conditions:

- General.** This Agreement is a supplement to, and subject to all the terms and conditions of, The Borrower's and/or Guarantor's most recent Agency Contract with the Company.
- Production.** The Company may, upon their discretion, exclude from this Agreement any policy the Borrower places with the Company.
- Amount of Loan.** When a policy is placed, the Company will loan to the Borrower: (see below). The maximum amount the Company will loan to Borrower on any one policy is \$1,500.00; and in any one month on all policies is \$5,000.00.

	% of annualized Commissions
Medicare Supplement.....	75%
Medicare Select.....	75%

- Interest on Loan.** The current interest is 1% per month on the unpaid balance of the Borrower's account. Interest begins on the first day of the calendar month after the Borrower's initial Debit Balance begins.
- Repayment.** All advances/loans will be made on a policy by policy basis with the normal repayment of such advances/loans to be paid back to the Company from future commissions earned on the policyholder's future premium payments. If such policy is not issued, is not taken, or such policy lapses for any reason, the outstanding advance/loan on such policy becomes immediately payable to the Company. The Company at its sole discretion may offset this indebtedness from any and all money the Company might be paying to the Borrower and reserves the right to call for the repayment of the Borrower's aggregate Debit Balance (Account Balance) at any time.

While any balance is outstanding for loans made hereunder, or for interest on such loans, all commissions earned on any policy may be applied to the repayment of such advances/loans. Not taken fees, commission advance reversals and interest shall be deducted from any earned commission.

All such loans made under this Agreement shall be secured by the Agent's commissions from the sale of all life, annuity, and health insurance produced by said Agent, and shall be individually guaranteed by the Borrower and/or Guarantor. All loans made hereunder shall be payable upon demand should the Company at its sole discretion believe that the Borrower/Agent does not have sufficient commissions on the in-force business to repay the outstanding balance of the loans. In the event any policy is returned by the policyholder under the free-look provision, is cancelled or rescinded by the Company for any reason, lapses or otherwise terminates, the unpaid balance of the loan for that policy will be immediately due and payable, and, at the Company's option, the Company may apply future advances thereunder to the repayment of such balances. Such amount will be offset against any subsequent loans made on any policy that may be issued in the future and against any commissions earned on any policies.

- Right to Cancel.** Notwithstanding any other provision hereof, the Company shall have the right to cancel this Agreement at any time without prior notification to the Borrower and/or Guarantor, and in such event all amounts due the Company from the Borrower hereunder shall become immediately due and payable.
- Termination.** This Agreement will automatically terminate if the Borrower's or Guarantor's Agency Contract with the Company is terminated except that Borrower's and Guarantor's obligations shall continue as long as any balance is outstanding hereunder.

Borrower/Agent:

Agent Printed Name

X_____
Agent Signature

Social Security / Tax I.D. Number

Effective Date



GUARANTEE

The above Agreement having been executed at my request, I hereby guarantee the payment of all sums loaned pursuant to the foregoing Agreement. I understand any and all commissions, both first year and renewal, under any contract I have entered or will enter 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 the repayment of any advances/loans made by the Company pursuant to the Agreement.

This Annualization Agreement shall survive the termination of any contractual relationship between the Company and the Borrower/Agent and the Guarantor/Agent.

Guarantor/Agent:

Agent Printed Name

X _____
Agent Signature (upline)

Social Security / Tax I.D. Number

Effective Date

COMBINED INSURANCE COMPANY OF AMERICA

HIPAA AGENCY CONTRACT PRIVACY ADDENDUM

I. GENERAL PROVISIONS

Section 1. Effect. The terms and provisions of this Addendum are incorporated in and shall supersede any conflicting or inconsistent terms and provisions of the Contract to which this Addendum is attached, including all exhibits or other attachments thereto and all documents incorporated therein by reference (this "Agreement"), effective as of _____ (date). Any ambiguity in this Addendum shall be resolved to permit the Company to comply with the Privacy Standards.

Section 2. Amendment. Agent and the Company agree to amend this Addendum to the extent necessary to allow either Agent or the Company to comply with the Privacy Standards (45 C.F.R. Parts 160 and 164), the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) and the Security Standards (45 C.F.R. Part 142) (collectively, the "Standards") promulgated or to be promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal or state regulations or statutes. Agent and the Company will fully comply with all applicable Standards and other applicable federal or state regulations or statutes and will amend this Addendum to incorporate any material required by the Standards, such regulations or statutes.

Section 3. Definitions. Capitalized terms used herein without definition shall have the respective meanings assigned to such terms in Part IV of this Addendum.

II. OBLIGATIONS OF AGENT

Section 1. Use and Disclosure of Protected Health Information. Agent may use and disclose Protected Health Information only as required to satisfy its obligations under this Agreement, as permitted herein, or as required by law, but shall not otherwise use or disclose any Protected Health Information. Agent shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, use or disclose Protected Health Information in any manner that would constitute a violation of the Privacy Standards if done by the Company, except that Agent may use Protected Health Information if necessary (i) for the proper management and administration of Agent, (ii) to carry out the legal responsibilities of Agent or (iii) to provide Data Aggregation services relating to the Health care operations of the Company. Agent hereby acknowledges that, as between Agent and the Company, all Protected Health Information shall be and remain solely the property of the Company, including any and all forms thereof developed by Agent in the course of fulfilling its obligations pursuant to this Agreement. Agent further represents that, to the extent Agent requests the Company to disclose Protected Health Information to Agent, such request is only for the minimum Protected Health Information necessary for the accomplishment of Agent's purpose.

Section 2. Safeguards Against Misuse of Information. Agent agrees that it will use all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Addendum.

Section 3. Agent's Duty to Mitigate. Agent agrees to mitigate to the extent practicable any harmful effect that is known to Agent of a use or disclosure of Protected Health Information by Agent in violation of this Addendum.

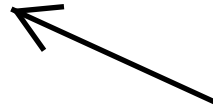
Section 4. Reporting of Violations. Agent shall, within five (5) days of becoming aware of any use or disclosure of Protected Health Information not provided for by this Addendum by Agent or any of its officers, directors, employees, contractors or agents, report such use or disclosure to the Company.

Section 5. Agreements by Third Parties. Agent shall enter into and maintain an agreement, with each agent and subcontractor that has or will have access to Protected Health Information, under which the agent or subcontractor is legally bound by the same restrictions with respect to Protected Health Information that apply to Agent pursuant to this Addendum.

“Secretary” shall mean the Secretary of the United States Department of Health and Human Services. Except as specifically amended hereby, the Agreement shall remain in full force and effect.

With my signature, I acknowledge receipt of and agree to the terms of the Agent Privacy Addendum received from Combined Insurance Company of America.

X _____ Date _____
Agent Signature



Combined Insurance Company of America

Administrative Office

PO Box 14207

Clearwater, FL 33766-4207

FAX: 855-278-9329

Check Deposit Authorization

I, the undersigned, do hereby authorize Combined Insurance Company of America and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Combined Insurance Company and its affiliates has received notification in writing from me of its termination in such time and in such manner as to afford Combined Insurance Company of America and its affiliates a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

I understand, this is not an assignment of commissions. 1099's will continue to be issued to the commission owner.

A VOIDED CHECK MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.

New or Change Account

(check one)

Name of Bank _____

Bank Routing Number _____

Checking Account No. _____

or

Savings Account No. _____

Is This Electronic Deposit For:

Company or Individual

(check one)

Printed Name _____

Signature X _____

Tax ID or Social Security Number _____



PLEASE REMEMBER TO ATTACH A VOIDED CHECK TO VERIFY ACCOUNT NUMBER

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"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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.

Social security number									

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

Employer identification number									

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.

Sign Here	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.

ADDENDUM TO AGENT CONTRACT

Combined Insurance Contract Processing Fee

\$20.00

The amount of \$20.00 will be electronically transferred from your checking account ending in _____ as a one-time payment for contract processing fee.

Last 4 Digits

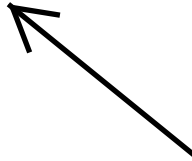
Upon application, I, _____, hereby authorize American Insurance Administrators, LLC as an agent for Combined Insurance Company of America to debit the above account as a one-time payment of a contract processing fee in the amount of \$20.00.

Print Name

To authorize, sign your full name below and check the box.

I agree

Signature: X _____ Date: _____



For Purposes of this Compensation & Product Schedule, the term “you” or “your” shall have the same meaning as the term “Agent” in the Agreement.

This Compensation & Product Schedule (this “schedule”) is part of your agreement or contract with Company (“Agreement”) and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company’s Medicare Supplement products (the “Products”), as submitted by your Combined Insurance Company of America Agency Director. In no event does this Schedule apply to persons with License-Only Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

ALL COMMISSIONS

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submits Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

GENERAL PROVISIONS

- 1. Product Included.** The provisions and conditions of the Schedule shall apply only to the Products specifically identified in the Schedule.
- 2. Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under the Schedule shall be void.
- 3. Administrative Rules.** The Company’s administrative rules, practices and procedures may be revised, modified or selected by the Company from time to time.
- 4. Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.
- 5. Confidential Information.** Confidential Information, as defined in your Agreement, does not include information relating to Compensation payments payable, paid or provided to you pursuant to this Schedule.

COMMISSION RATES FOR MEDICARE SUPPLEMENT PLANS

*Not all states listed below are approved and rates are subject to change.
Please refer to state availability chart for approved states.*

AL, AZ, OH, WV

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.000%	0.000%	0.000%	0.000%	\$-	\$-	\$-	\$-
Ages 65-79	23.000%	20.000%	2.250%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	11.500%	10.000%	1.125%	0.000%	\$25.00	\$25.00	\$-	\$-

IL, KY, LA, MS, NC, OK**, SD

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	11.500%	10.000%	1.125%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	23.000%	20.000%	2.250%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	11.500%	10.000%	1.125%	0.000%	\$25.00	\$25.00	\$-	\$-

*Paid to the writing agent only

** OK - Plan A Only

IN

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.000%	0.000%	0.000%	0.000%	\$-	\$-	\$-	\$-
Ages 65-79	18.000%	18.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	18.000%	18.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

MO, PA

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	23.000%	20.000%	2.250%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	23.000%	20.000%	2.250%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	11.500%	10.000%	1.125%	0.000%	\$25.00	\$25.00	\$-	\$-

SC

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Ages 65-79	23.000%	20.000%	2.250%	0.000%	23.000%	20.000%	2.250%	0.000%
Ages 80+	11.500%	10.000%	1.125%	0.000%	11.500%	10.000%	1.125%	0.000%

TN

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-7	Years 8-10	Years 11+	Year 1	Years 2-7	Years 8-10	Years 11+
Ages < 65	6.900%	6.000%	0.675%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	23.000%	20.000%	2.250%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	11.500%	10.000%	1.125%	0.000%	\$25.00	\$25.00	\$-	\$-

TX

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-7	Years 8-10	Years 11+	Year 1	Years 2-7	Years 8-10	Years 11+
Ages < 65	11.500%	9.250%	0.750%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	23.000%	18.500%	1.500%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	11.500%	9.250%	0.750%	0.000%	\$25.00	\$25.00	\$-	\$-

*Paid to the writing agent only