

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

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



**eContracting Registration**

**eContracting Login**

## Everence Insurance Contracting Application

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

Agent contracting - highest commissions - Everence 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), 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 AZ, CA, ID and MT.

Agent contracting - Everence - highest commissions.

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)

## 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 Everence Association, Inc. products.

Has a contract between you and Everence Association, Inc. 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 Everence Association, Inc. (Everence). I acknowledge that Everence 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 Everence, at its discretion, deems necessary. I expressly authorize Everence to conduct these investigations and obtain consumer and credit reports and hereby authorize all persons and entities (including past and present employers) to provide Everence all requested information. I authorize Everence 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 Everence 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 Everence'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 Everence. Everence 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 Everence. 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 Everence. I understand Everence 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/her as an Agent for Everence Association, Inc.

\_\_\_\_\_  
*General Agent Printed Name*

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Signature of General Agent* *Date*  
*(Direct Upline)*

# EVERENCE ASSOCIATION, INC.

## AGENCY CONTRACT

**THIS AGREEMENT** made and effective this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ between **EVERENCE ASSOCIATION, INC.**, an Indiana corporation, whose administrative office is located at P.O. Box 16857, Clearwater, FL 33766-6857, 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.

**Licenses.** Agent, at Agent's cost and expense, will keep in good standing all licenses that are required to solicit applications for policies to be issued by the Company.

**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*

**EVERENCE ASSOCIATION, INC.**

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 \_\_\_\_\_

# EVERENCE ASSOCIATION, INC.

## 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.

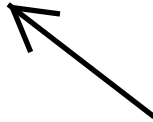
**Section 5. Agreements by Third Parties.** Agent shall enter into and maintain an agreement, with each agent and subcontractor that has or will have access to Protected Health Information, under which the agent or subcontractor is legally bound by the same restrictions with respect to Protected Health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

**X** \_\_\_\_\_  
*Agent Signature*

\_\_\_\_\_  
*Date*





Everence Association, Inc.  
Administrative Office  
PO Box 16857  
Clearwater, FL 33766-6857  
FAX: 855-775-4663

## Check Deposit Authorization

I, the undersigned, do hereby authorize Everence Association, Inc. and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Everence Association, Inc. and its affiliates has received notification in writing from me of its termination in such time and in such manner as to afford Everence Association, Inc. 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.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <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) ▶	
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.

<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.

# Schedule of Commissions Medicare Supplement

Level 6 - STREET

<b>CA</b>							
Commission Rates for New Business							
	Policy Years						
	New Business / Open Enrollment			Guarantee Issue*			
	Years 1-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	20.00%	4.50%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -
Ages 65-79	20.00%	4.50%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -
Ages 80+	9.00%	0.00%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -
<b>AZ, MT</b>							
Commission Rates for New Business							
	Policy Years						
	New Business / Open Enrollment			Guarantee Issue*			
	Years 1-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.00%	0.00%	0.00%	\$ -	\$ -	\$ -	\$ -
Ages 65-79	20.00%	4.50%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -
Ages 80+	9.00%	0.00%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -
<b>ID</b>							
Commission Rates for New Business							
	Policy Years						
	New Business / Open Enrollment			Guarantee Issue*			
	Years 1-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.00%	0.00%	0.00%	\$ -	\$ -	\$ -	\$ -
Ages 65-79	17.00%	3.50%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -
Ages 80+	6.50%	0.00%	0.00%	\$ 25.00	\$ 25.00	\$ -	\$ -

\*Paid to the writing agent only

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