

Call NAAIP Agent Services before filling out PDF.

Call Now: 1-800-770-0492



eContracting Registration

eContracting Login

Heartland National Life Insurance Contracting Application

Highest Commissions – Guaranteed!

Highest commissions - Contracting - Heartland National Life Insurance. Call NAAIP direct at **1-800-770-0492**. 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.

Agent is required to pay their appointment fees and a \$20 admin fee. This is drafted from the banking info provided on the contract. Therefore, no money needs to be collected up front. There is an advancing interest charge of 1.1% a month. 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, AR, CO, GA, IL, IN, KS, LA, MS, MO, NE, NV, OK, SC, TN, TX, UT and WY.

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)

Step 1: Personal Information

Upline Number _____	
First Name _____	Last Name _____
Social Security Number _____	Taxpayer ID _____
Date of Birth _____	Preferred Name _____
Spouse Name _____	

Step 2: Contact Information

Agency Name (if any) _____		
Mailing Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____
<input type="checkbox"/> Same as Above Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
Shipping Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____
<input type="checkbox"/> Same as Above		
Home Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____

Step 3: Additional Contact Information - At least one phone number and email address required.

Business Phone _____	Home Phone _____
Mobile Phone _____	Fax Number _____
Email 1 _____	
Email 2 _____	

Step 4: Commissions EFT Enrollment**EFT is required to become appointed.**

Name as it Appears on Account _____

Account Number _____

Routing Number _____

Bank Name _____

Account Type: Savings Checking**EFT Terms of Service**

I, _____, hereby authorize Heartland National Life to initiate credit entries to my bank account. I understand that this authorization will allow Heartland National Life to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until Heartland National Life actually receives such notice of termination. All commission accounts within Heartland National Life will be included in this request unless specified otherwise.

To agree to the above EFT Terms of Service, sign your full name below and check the box.



_____ I agree to the EFT Terms of Service

Step 5: W-9 Form Information

Name as Shown on Your Income Tax Return _____

Business Name, if Different From Above _____

Check Appropriate Box: Individual/Sole Proprietor Corporation Partnership Limited Liability Company - Enter Tax Classification (D=Disregarded Entity, C=Corporation, P=Partnership) _____ Exempt Payee Other _____Address (Number, Street, and Apt. or Suite No.)
_____City, State, and Zip Code
_____List Account Number(s) Here (Optional)
_____**Part I - Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate blank. The TIN provided must match the name given on Line 1 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 1 instructions. For other entities, it is your employer identification number (EIN). Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social Security Number _____ **OR** Employer Identification Number _____

Step 6: General Information

Select the products you are interested in selling:

- Medicare Supplement
- Cash Supplement
- Cancer Plan

Select the states in which you are licensed and wish to be appointed:

- | | |
|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Alabama (\$30.00) | <input type="checkbox"/> Missouri (\$0.00) |
| <input type="checkbox"/> Arizona (\$0.00) | <input type="checkbox"/> Nebraska (\$8.00) |
| <input type="checkbox"/> Arkansas (\$0.00) | <input type="checkbox"/> Nevada (\$15.00) |
| <input type="checkbox"/> Colorado (\$0.00) | <input type="checkbox"/> New Mexico (\$23.00) |
| <input type="checkbox"/> Georgia (\$20.00) | <input type="checkbox"/> Oklahoma (\$55.00) |
| <input type="checkbox"/> Illinois (\$0.00) | <input type="checkbox"/> South Carolina (\$0.00) |
| <input type="checkbox"/> Indiana (\$0.00) | <input type="checkbox"/> Tennessee (\$15.00) |
| <input type="checkbox"/> Kansas (\$5.00) | <input type="checkbox"/> Texas (\$10.00) |
| <input type="checkbox"/> Louisiana (\$20.00) | <input type="checkbox"/> Utah (\$0.00) |
| <input type="checkbox"/> Mississippi (\$25.00) | <input type="checkbox"/> Wyoming (\$15.00) |

How did you hear about Heartland? _____

Please explain: _____

License Information

State	Type	License#	Expiration Date	State	Type	License#	Expiration Date
AL				MO			
AZ				NE			
AR				NV			
CO				NM			
GA				OK			
IL				SC			
IN				TN			
KS				TX			
LA				UT			
MS				WY			

Step 7: Questions

1. Have you ever had your insurance suspended or revoked? Yes No

2. Have you ever had disciplinary action taken against you by an insurance department? Yes No

Please explain. Any documents supporting explanation should be faxed to 816-655-5075, attn: Dolly Gatton.

3. Have you ever been refused E&O coverage? Yes No

4. Has an E&O company paid a claim for you? Yes No

5. Have you declared bankruptcy in the last seven years? Yes No

6. Have you been convicted of any felony or misdemeanor which involved the sale of insurance or which arose out of your business practices? Yes No
7. Are you a party in any litigation connected with the insurance business, or, are there any unsatisfied judgments outstanding against you arising out of the insurance business? Yes No
8. Do you have any unpaid debts with other insurers? Yes No
- Please explain. Any documents supporting explanation should be faxed to 816-655-5075, attn: Dolly Gatton.

Step 8: Acknowledgement

I, _____, understand that as part of the Company's procedures for processing my application or evaluating me for contract and licensing purposes, an investigative report can be made where information can be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I'm acquainted. This inquiry includes information as to my character, business reputation and financial stability, whichever may be applicable. I have the right to make a written request within a reasonable period for a complete disclosure of information concerning the nature and scope of the investigation. My signature below operates to release from all liability and responsibility those parties supplying information to the Company and I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company's investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation.

The Company may also request a consumer credit report for contract and licensing purposes from a consumer credit reporting agency. If I wish the credit reporting agency to send me a free copy of both this consumer credit report and any investigative report sent to the Company, I have checked the following box:

I understand that this application will form a part of my contract with Heartland National Life and the information is accurate and true to the best of my knowledge. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination of my contract at the sole discretion of the Company. **New business applications may not be written until you have received notification that your contract has been approved and, if by law, your appointment is registered with the state insurance department.**

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



I agree

Step 9: Background Investigation Consent

This will be this agent's first appointment in _____ .

I, _____ , hereby authorize Heartland National Life and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for contracting now and, if applicable, during the tenure of my appointment with Heartland National Life.

I release Heartland National Life and/or its agents and any persons or entity, which provides information pursuant to this authorization form, any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

As part of the background investigation referenced above, I understand that Heartland National Life utilizes the services of Debit-Check.com to investigate if a debit balance exists with any other insurance company with whom I have or have had a contract and/or appointment. I understand the information compiled by Debit-Check.com comes from companies that subscribe to their service, and those companies are solely responsible for the accuracy of the information provided. I further understand that data supplied to Debit-Check.com is added or deleted on an ongoing basis and is accurate only as of the specific date and time processed. In association with the background investigation referenced above, I hereby authorize Heartland National Life to proceed with a Debit-Check.com search.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

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

_____ I consent

Step 10: Appointment Fees

State	Appointment Type	Amount
Application Fee		\$20.00
Total:		

The total amount of _____ will be electronically transferred from your checking account ending in _____ at _____ as a one time payment for appointment fees.

Upon appointment, I, _____ , hereby authorize Heartland to debit the above account as a one time payment of appointment fees in the amount of _____ .

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

_____ I Agree

Step 11: Contract Agreement

Agent Agreement

This Agreement is made this ____ day of _____, 20____ between Heartland National Life Insurance Company of Blue Springs, Missouri, called "the Company", and _____
of _____, _____, called, the "Agent", as an independent contractor.
CITY STATE NAME

The word "policy" or "policies" in this Agreement means those insurance contracts that, at the Company's discretion, are authorized in writing for sale by or through the Agent.

Jurisdiction The Agent is contracted and appointed for the purpose of soliciting and transacting the business of insurance, under the provisions of this Agreement, on a non-exclusive basis.

Authority Nothing in this Agreement shall be construed to create the relationship of employer-employee between the Company and the Agent. The Agent may exercise independent judgment as to the time, place and manner in which business is performed under this Agreement. The Company may issue directives or bulletins respecting the conduct of business, but will not interfere with freedom of action of the Agent.

Limitation of Authority The Agent has no authority to obligate the Company in any manner outside the authority granted in this Agreement. The Agent has no authority to alter, modify, waive or change any of the rates, terms or conditions of the Company's insurance policies. The Agent is limited to collect only initial first year premium on any policy forms, except by written consent from the Company. If such consent is given, commission compensation on advanced premiums shall be paid on an earned premium basis only.

The Company has the right to reject applications for insurance without specifying a reason. The Company has the right to withdraw any policy form from any State. This provision does not alter the relationship of the parties as provided in the "Authority" Section of this Agreement.

Compensation The Company allows the Agent, subject to the conditions of this Agreement, as compensation for all services performed and expenses incurred, first year commission compensation and renewal commission compensation on premiums paid to the Company on policies sold by the Agent upon applications bearing the name of the Agent. First year and renewal commission compensation will be paid at rates disclosed in any schedule attached to and made a part of this Agreement.

Life Insurance Compensation The Company will pay a first year and subsequent renewal commission compensation for premiums collected for Life Insurance policies as set forth on schedules attached to and made a part of this Agreement. Commission compensation shall not be paid on premiums waived or commuted by reason of death, disability, or the exercise of the policy benefits or options, including nonforfeiture provisions.

Accident and Health Insurance Compensation The Company will pay first year and subsequent renewal commission compensation for premiums collected for Accident and Health Insurance policies as set forth on schedules attached to and made part of this Agreement.



COMMISSION ADVANCE AGREEMENT

This Commission Advance Agreement (*Advance Agreement*) is made and entered into by and between Heartland National Life Insurance Company (Heartland) and _____ [(*Writing Agent*)].

Writing Agent has an Agent Agreement with Heartland for transacting the business of insurance and Heartland is willing to advance the payment of First Year commission compensation on selected policy forms; and, for good and valuable consideration, the parties agree as follows:

Subject to the conditions contained herein, Heartland will Advance First Year commission compensation to Writing Agent when Writing Agent has sold Heartland has issued a policy, provided that the method of payment is either EFT or automated bank draft. Advance commissions will not be paid (a) for other methods of premium payment or (b) on Medicare Supplement policies issued to persons under age of 64^{1/2}. Heartland shall reserve the right to advance on selected policy forms designated by Heartland for the good and valuable consideration thereof.

Advance commission compensation is an indebtedness of the Writing Agent until the advance balance is fully recovered. Advance balances are recovered as commissions are earned on a policy-by-policy basis. The advance balance of a policy that lapses or is terminated before the advance is fully recovered will be charged back immediately. Repayment of advanced commission compensation shall be with interest accrued at the rate of one and one-tenth percent (1.1%), compounded monthly, on the recurring outstanding balance.

If Heartland cannot recover the advance balance from Writing Agent and such balance exceeds \$50 or more for three (3) consecutive months, Heartland may offset the advance balance against any commission compensation owed to the Upline General Agent. The right of offset against the Upline General Agent shall survive termination of this Advance Agreement.

Either party may terminate this Advance Agreement upto 10 days written notice without terminating the [Writing Agent] Agreement. Upon termination of this Advance Agreement, the outstanding advance balance shall be immediately due and owing by the [Writing Agent].

All terms and conditions of the Agent Agreement shall remain in force and effect, unless specifically modified by this Advance Agreement.

Done this _____ day of _____, 2____.

Heartland National Life Insurance Company

By: _____
Authorized Agency Representative

[Writing Agent]

By: _____

[Upline General Agent]

By: _____

