

Agent Name \_\_\_\_\_ SSN \_\_\_\_\_

GA's Name \_\_\_\_\_ GA Agent Number \_\_\_\_\_

MGA's Name \_\_\_\_\_ MGA Number \_\_\_\_\_

List the states in which you are requesting appointment for this applicant. Note: A legible copy of each state insurance license must be attached for each state. Fees associated with these appointments will be charged to the GA's commission account where permitted.

**SELECT HOW AGENT IS TO BE PAID** – Selection applies to ALL product lines.

|   |  |
|---|--|
| <input type="checkbox"/> MGA or GA pays Writing Agent       | No Company Contract – don't complete Time Insurance Producer Sales Agreement<br><input type="checkbox"/> Check box to request Writing Agent Accounting and complete schedule options below.  |
| <input type="checkbox"/> Company Contract Check Through MGA | Must complete <b>Time Insurance Company Producer Sales Agreement</b><br>Select mailing address to be used for mailing statements and checks directly to agent. This address must be specified on Agent's application. <input type="checkbox"/> Resident <input type="checkbox"/> Business<br>Commission Statement Frequency <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly<br>Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly<br>Electronic Funds Transfer is available by completing the EFT form (required for weekly payment). |

**PRODUCT & COMPENSATION AUTHORIZATION** - Select the products you are authorizing the Agent to sell by checking the appropriate box. You, the GA and MGA, must be authorized for the same products and be appointed in the same states where required by state law. Select the box which represents the desired commission schedule option for paid direct agents or if you requested writing agent accounting.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <input type="checkbox"/> Individual Medical         | Schedule Option  | First Year Renewal  | <input type="checkbox"/> H<br><input type="checkbox"/> K   | <input type="checkbox"/> I<br><input type="checkbox"/> L      | <input type="checkbox"/> J                               |
|   | Annualization  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, indicate limit _____<br>Only available if the GA & MGA are annualized and the agent is company paid. |   |  |
| <input type="checkbox"/> ShortTerm & Student Select | Schedule Option  | First Year Renewal(Student Select)  | <input type="checkbox"/> H<br><input type="checkbox"/> H   | <input type="checkbox"/> I<br><input type="checkbox"/> I      | <input type="checkbox"/> J<br><input type="checkbox"/> J |
| <input type="checkbox"/> Small Group                | Schedule Option  | First Year Renewal  | <input type="checkbox"/> I (*A)<br><input type="checkbox"/> J  | <input type="checkbox"/> J (*B)<br><input type="checkbox"/> K | * Real choices portfolio Equivalent                      |
| <input type="checkbox"/> VoluntaryMart              | Newly Authorized Special Compensation (Starting Comp Tier)   | <input type="checkbox"/> Yes; If checked, Starting Tier will be 2<br><input type="checkbox"/> No; If checked, Starting Tier will be 1<br><input type="checkbox"/> Other Starting Tier ____; Home Office Approval is required  |  |   |  |
|   | Compensation Level (Maximum Comp Tier)                       | <input type="checkbox"/> 1 = Commission Level 1 only regardless of production<br><input type="checkbox"/> 2 = Commission Level 1-2 based on production<br><input type="checkbox"/> 3 = Commission Level 1-3 based on production<br><b>See producer chart for levels, rates and production requirements.</b> |  |   |  |
|   | Commission Advance (Only available if agent is company paid) | <input type="checkbox"/> Yes; If checked, VoluntaryMart Advance Agreement must be attached.<br><input type="checkbox"/> No  |  |   |  |
|   | Compensation Type  | <input type="checkbox"/> Level Compensation = 1 <sup>st</sup> year and renewal equal<br><input type="checkbox"/> Non Level Compensation = 1 <sup>st</sup> year higher, lower renewal  |  |   |  |

A Writing Agent/Producer Appointment Application must be attached to process new agents/producers. I recommend appointing this agent per the above noted instructions.

GA Signature \_\_\_\_\_ Date \_\_\_\_\_

MGA Signature \_\_\_\_\_ Date \_\_\_\_\_