



K·C·L G R O U P
B E N E F I T S

GROUP BROKER CONTRACT CHECKLIST

- _____ Signed Group Broker Contract. Please print the name of the person whom you wish to contract on the top center line and sign the lower right corner. If you work with a general agent, please note the agency name or number in the lower right corner. KCL will date and sign the contract when received.
- _____ Completed Contact Information form.
- _____ Copy of state insurance license for each state in which you intend to do business.
- _____ Completed Assignment form, if you would like to assign your commissions. If you choose not to assign your commissions, you may disregard this form and commissions will be paid directly to you.
- _____ Completed Electronic Funds Transfer form.

Return all of the above materials to:

**Attn: Group Broker Contracting—Sales
Kansas City Life Insurance Company
3520 Broadway – P.O. Box 219139
Kansas City, MO 64111**

For questions, please contact Group Broker Contracting at 877-266-6767, ext. 8709.



Kansas City Life Insurance Company | Group Benefits Group Broker Contract

(Group Broker Name—Please Print)

This contract is between Kansas City Life Insurance Company and the Group Broker named above. As used in this contract, "you" refers to the Group Broker, and "we" refers to Kansas City Life Insurance Company.

On the terms set out in this contract, you are invited to solicit premium quotes from us for life, disability, vision or dental insurance coverage of employer or other legally recognized groups who are your clients and customers. You are authorized to deliver any insurance policy that we issue, and to accept and remit to us the first premium for coverage. It is entirely within our discretion whether to issue an insurance policy or insurance certificate, and to change or discontinue any product or service at any time.

You are not authorized to, and will not: tell your clients or anyone else that you are our agent; collect renewal premiums; modify our insurance contracts; bind us to coverage; nor do any other act on our behalf except as expressly set out in this contract.

You are not our agent or our employee. You represent your clients, and do not represent us. You control the number of hours you work and your schedule, pay your own expenses and are responsible for your own federal, state and local taxes, assessments and fees of all kinds, and for income tax withholding.

We will pay you commissions based on premiums we receive from your clients, so long as you are properly licensed and the policy owner designates you as its agent of record. If, in our sole judgment, you do not provide adequate services to your clients, we may ask policy owners to designate a new agent of record who is a licensed insurance producer. In that event, we will pay commissions to the new agent of record. You will return any commissions that are based on premiums which we have refunded for any reason. We may offset any indebtedness of you to us from commissions otherwise payable to you.

We will determine commissions from the Commission Schedule which is attached and made a part of this contract by reference. We may change the Commission Schedule at any time. We will notify you in advance of any change. Schedule changes will become effective upon policy renewal. You may not assign commissions without our approval.

We or you may terminate the contract without cause or for cause, by written notice mailed to the other party's last known address. This contract will automatically terminate upon your death. If you are a corporation or a partnership, it will terminate upon your dissolution. This contract also will automatically terminate if you have not submitted any request for quotes to us in any 24 month period.

You will notify us promptly if you or your client receives any written complaint or lawsuit relating to our insurance policy from any certificate holder, beneficiary or state or federal regulator, and will provide us a copy of same. You will cooperate with us, and will use your best efforts to cause your clients to cooperate with us, during and after the contract term, to investigate and respond to such complaint and/or defend such lawsuit.

This is the entire contract between you and us. The contract and attached Commission Schedule may not be modified except in a writing signed by both parties.

Signed and effective at Kansas City, Jackson County, Missouri on:

Date: _____
(Date to be completed by Kansas City Life Home Office Associate)

Kansas City Life Insurance Company:

Group Broker:

By: _____
(Signed by Kansas City Life Home Office Associate)

By: _____
(Signed by Group Broker—Please complete this line only.)

(Agency Number—Only if applicable)



Kansas City Life Insurance Company | Group Benefits Business Contact Information

Name: _____

Gender: _____

Date of Birth: _____

Social Security Number: _____

Business Name: _____

Physical Address : _____

City, State, Zip: _____

Mailing Address
(if different from above) _____

City, State, Zip: _____

Phone Number: _____

Mobile Number: _____

Fax Number: _____

E-Mail Address: _____

(Agency Number—Only if applicable)



Kansas City Life Insurance Company | Group Benefits Assignment by Broker

For valuable consideration, the receipt of which is acknowledged, I, (print name) _____ the undersigned Assignor, a Broker of Kansas City Life Insurance Company (KCL), hereby assign, transfer and set over to (print name of Assignee): _____ any and all commissions, whether first-year, renewal, or deferred, service fees, bonuses, any and all credit balances which may become due me, and all other monetary compensation (other than KCL's contributions to any qualified or non-qualified benefit plan) which would otherwise be paid to me by KCL under (check only one):

- Contract number(s) _____, OR
- All Contracts currently in force between me and KCL.

I understand, acknowledge and agree to the following:

1. No proceedings in bankruptcy are pending against me, and my property is not currently subject to any assignment for the benefit of my creditors.
2. Payment by KCL to the Assignee pursuant to this Assignment constitutes a full satisfaction and discharge of KCL's obligation to pay those amounts.
3. This Assignment covers only such amounts as KCL is legally obligated to pay to me, and is subject to the terms of my Group Broker Contract(s), as well as any and all liens, garnishments, and contractual or other legal rights or duties of KCL, its subsidiaries or any other person or entity, which may affect KCL's duty to pay compensation to me.
4. This Assignment will become effective only when a fully completed original has been received and acknowledged in writing by KCL.
5. Any change of address of the Assignee must be provided to KCL in writing.
6. I will indemnify, defend and hold KCL harmless from and against any claim, cause of action loss or damage, of whatever nature, which KCL may incur in complying with this Assignment.
7. This Assignment does not apply to compensation from sales and servicing of variable insurance products or other securities.

This assignment is (check only one):

- Revocable upon written notice of revocation by me provided to the Assignee and to KCL (the effective date of revocation will be the date such notice is received by KCL), OR
- Irrevocable. If this is selected, the Assignee's written consent will be required to revoke the Assignment.

Signed and effective at _____ this _____ day of _____, 20____.

Signature: _____
 Printed Name: _____
 Broker Number: _____
 Tax ID: _____
 Name: _____
 Address: _____

 Phone: _____

ACKNOWLEDGEMENT

Kansas City Life Insurance Company acknowledges receipt of the original of this Assignment, and will honor it, at the Assignor's direction, strictly pursuant to its terms. KCL assumes no responsibility for the validity or legal effect of this Assignment. This Assignment is subject to any right of KCL to offset indebtedness of the Assignor against amounts otherwise payable hereunder, and will not be construed to limit any rights of KCL or its subsidiaries.

Signature: _____
 Title: _____
 Date: _____

REQUEST FOR ELECTRONIC FUND TRANSFER OF COMMISSIONS

The undersigned understands and acknowledges that Kansas City Life Insurance Company hereafter will pay commissions due by means of Electronic Funds Transfer on request. The undersigned hereby requests the Electronic Funds Transfer be directed to the financial institution and account designated below. The undersigned reserves the right to designate a new or different financial institution, or, a new or different account, on written and signed notice to Kansas City Life Insurance Company.

1. Name and address of financial institution:

2. Account number: _____

3. Indicate whether account is: Checking Savings

4. Sign, enter your broker number (if known) then enter your social security number.

If you are incorporated, sign, enter your broker number (if known), then enter your tax identification number, and you must have your corporate secretary sign.

(Signature and Broker Number)

(Social Security and Tax Identification Number)

(Signature of corporate secretary if incorporated)

5. Date: _____
6. Attach a VOIDED CHECK showing the correct account number and bank routing numbers.

**Attn: Group Broker Contracting—Sales
Kansas City Life Insurance Company
3520 Broadway – P.O. Box 219139
Kansas City, MO 64111**

GROUP COMMISSION SCHEDULE AGENTS

PLAN		PERCENT OF PREMIUM COMMISSION
Life	Annual Premiums:	
	First \$5,000	12.0
	Next \$5,000	8.0
	Next \$10,000	6.0
	Next \$30,000	3.0
	Next \$50,000	1.2
	Excess over \$100,000	0.6
Short Term Disability	Annual Premiums:	
	First \$5,000	12.0
	Next \$5,000	8.0
	Next \$10,000	6.0
	Next \$30,000	3.0
	Next \$50,000	1.2
	Excess over \$100,000	0.6
Long Term Disability	Annual Premiums:	
	First \$15,000	15.0
	Next \$10,000	10.0
	Next \$25,000	5.0
	Excess over \$50,000	1.0
Dental	Annual Premiums:	
	First \$5,000	10.0
	Next \$5,000	8.0
	Next \$10,000	6.0
	Next \$30,000	4.0
	Next \$50,000	2.0
	Excess over \$100,000	1.0
Vision	Annual Premiums:	
	First \$5,000	10.0
	Next \$5,000	8.0
	Next \$10,000	6.0
	Next \$30,000	4.0
	Next \$50,000	2.0
	Excess over \$100,000	1.0
STP Dental	Flat Commission	10.0
Voluntary Dental	Flat Commission	10.0
Voluntary Life/ Voluntary Disability	Flat Commission	15.0

Flat schedules available upon request.



K·C·L GROUP
BENEFITS

Underwritten by:
Kansas City Life Insurance Company
Since 1895

3520 Broadway
Kansas City, MO 64111-2565

PO Box 219425
Kansas City, MO 64121-9425

Toll free: 877-266-6767, ext. 8200

Fax: 816-531-4648

Email: groupbenefits@kclife.com
www.kclgroupbenefits.com