



ASSURANT
Health

CONTRACT



AGENCY INFORMATION

1. MGA Name: Healthy America / Stephen Davidson MGA Business No. 000K2000193001

2. GA Name: GA Business No.

INDIVIDUAL AGENT INFORMATION

4. Agent's Name (Full legal name): Nickname (Optional):

5. Social Security Number: 6. Date of Birth:

7. Resident Address: (Required)

STREET CITY / STATE / ZIP (9 DIGIT) PHONE

8. Business Address: (Optional)

STREET or P.O. BOX CITY / STATE / ZIP (9 DIGIT)

PHONE		FAX	
E-MAIL			

9. License Requirements – We require a copy of your personal health and life license for your resident state and each non-resident state in which you intend to operate. Fees associated with these appointments will be charged to your General Agency's commission account where permitted. Please send copies of the appropriate licenses with this application.

10. Are you now or have you ever used any name other than shown above? ☐ Yes ☐ No If yes, list names, dates and reason used: _____

11. Have you ever been appointed with Time Insurance Company (previously known as Fortis Insurance Company?)

☐ Yes ☐ No If yes, list agent numbers: _____

12. Name of Errors and Omissions Carrier: _____

Provide details to any "YES" answers for questions 13 – 15 on an attached sheet.

13. Have you ever had a professional license refused, revoked or suspended; or, has disciplinary action been taken against you by a regulatory agency? ☐ Yes ☐ No

14. Are you currently indebted to any insurance company or agency, or is there any dispute regarding your insurance accounts? ☐ Yes ☐ No

15. Have you ever pled guilty or no contest or been convicted of any violation of law other than minor traffic violations? ☐ Yes ☐ No

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201

Time
Insurance

16. List your residence address for past five years up to and including present date:

FROM (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

17. List all employers for past five years up to and including present date. Include dates, addresses, and positions:

FROM (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

IMPORTANT INFORMATION

Fair Credit Act -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Assurant Health has a relationship, and products I may sell through that application.

Taxpayer Identification -- Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

Please Note:

This application cannot be processed unless all questions have been answered and appropriate license copies are attached. Fees associated with appointments will be charged to your commission account where permitted.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Time Insurance Company, Assurant Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the numbers/address I have provided herein or at any number/address I subsequently provide to Time Insurance Company. I understand that such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by Time Insurance Company.

AGENT'S SIGNATURE_____
DATE_____
MGA SIGNATURE**Company Use Only**

Appointment Date

Agent Business
No.

Products are underwritten and issued by:

Time Insurance Company501 W Michigan
Milwaukee, WI 53201**Time**
Insurance



I, _____, am requesting a transfer
Name of transferring General Agent or Agent

From _____
Name of current RSD, MGA, GA

To Stephen Davidson / Healthy America
Name of new RSD, MGA, GA

I understand that:

- No transfer to another Time Insurance Company arrangement will be approved within 180 days of the initial appointment or date the last transfer was effective.
- This transfer will not go into effect until a date selected and approved by the Company which will follow the receipt of proper notification by the current arrangement.
- Any applications solicited prior to the date approved by the company will be credited to my current arrangement, i.e. the "From" relationship listed above.
- I understand and agree that any business written under my current arrangement will not be transferred or moved to my new arrangement in any manner. This includes requests from policy owners for a new agent.
- I understand that my total compensation as a general agent or agent on individual major medical business will not exceed ____%. (This includes any incentive bonus, reimbursements for leads or any other forms of reimbursements).

Failure to comply with the rules stated above will be deemed a violation of the Company's policies and an act harmful to the best interests of the Company. This will result in immediate termination for cause of my general agent or agent arrangement with Time Insurance Company and forfeiture of any remaining first year and/or renewal commissions.

Signature of Transferring General Agent/Agent

Date Signed

Home Office Use only:

Date Received in LCS	Initials	Date Received in Sales	Initials	Notification Date	Initials	Transfer Date	Initials

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201

Time
Insurance

1. Agents must remain in their current arrangement for 180 days before a transfer request will be considered.
2. New agents (license received within 90 days of first Time Insurance Company appointment) will not be transferred for one year from their start date with Time Insurance Company. (General Agent/MGA must notify Agent License and Contract Support of new agents by completing the Initial License Notification Form and submitting it with appointment paperwork.)
3. Agent Transfer Requests must be submitted through the new arrangement using Agent Transfer Form GA-AGT Transfer 5-04. Incomplete forms will be returned.
4. We will notify the current RSD, MGA or GA of an agent's intent to transfer when we receive a properly completed transfer form.
5. The effective date of the transfer will be the date established by the Company.
6. Company paid-direct agents with an outstanding debit balance will not be transferred until it is resolved or the new arrangement agrees to assume it and have it transferred along with the agent.
7. We will not transfer any business written through the current arrangement.
8. Transfer requests for agents appointed through a National Account marketing arrangement will not be honored.
9. You may download all forms and appointment paperwork from the Assurant Health web site at www.healthsales.us.fortis.com.
10. Send transfer requests to:

Assurant Health Agent License & Contract Support
P.O. Box 3183
Milwaukee, WI 53201-3183
or
FAX requests to 414-299-8471

Individual Medical Compensation Rules

1. A General Agent may not transfer for higher commission than they have qualified for.
2. No General Agent may receive more than 25% in total first year commission.
3. No Producer or Writing Agent level may receive more than 20% in total first year commission.
4. A General Agent paid at 25% first year must have a commitment letter for the appropriate production requirement.
5. No cash reimbursements for leads, expenses, contests or incentives are permitted without prior RVP approval.

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