



Prospective Producer Application Checklist

1) *Complete and return the following:*

- Prospective Producer Application:**
 - Prospective Producer Application
 - Disclosure Authorization

- Assignment of Commission Form:**

This form is required when commissions are being assigned to an assignee.

- Independent Producer Contract and Signature Page (IPCSIGPG-1213)**
 - Review, Sign, Date, and Return the **Signature Page ONLY**.
 - Retain the entire Independent Producer Contract and a copy of the signature page for your records.

- PPA Explanation Page**
 - This form is required for any of the questions that have a “yes” answer on the Prospective Producer Application.

- Appointment Fee Form**
 - Determine the amount of your state appointment fee(s).
 - Call 1-800-926-7602 Ext. < 77325 > to authorize a credit card payment.

2) *Enclose the following:*

- Copy of your state Health/Life License(s)**
 - Include non-resident licenses if requesting additional non-resident appointments at this time.

3) *Submit forms to:*

- Email** your completed forms to JJOHNSTON@UNITEDHEALTHONE.COM

Or

- Fax** your completed forms to 317-297-1467

Note: No business may be solicited until all state licensing and UnitedHealthcare Life appointment and/or contract requirements have been met, and UnitedHealthcare Life has advised you of that in writing.



PROSPECTIVE PRODUCER APPLICATION

UHCLIC Manager/Representative JESSICA JOHNSTON

Independent Producer
 Sub-Producer of Key/FMO Name Steven Davidson
Key/FMO No. AA2833309

Full Legal Name _____ I prefer to be called: _____

Business Street Address (Required for Supplies) _____

Business Mailing Address _____

City _____ County _____ State _____ ZIP _____

Business Phone (____) _____ Fax (____) _____

E-mail _____

Home Address _____

City _____ County _____ State _____ ZIP _____

Home Phone (____) _____ Birth Date _____ Gender _____

Social Security No. _____ National Producer No. _____

Length of time in present community _____. If less than five years, please provide previous address(es).

Please answer all questions. (If YES, include details of who, what, when, and dollar amounts on an additional form.)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever had an appointment terminated by any insurance company or financial services institution (for reasons other than production)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you owe any debt or balance to any insurance company or financial services institution that has remained overdue for more than sixty (60) days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal agency ever denied, suspended, revoked, or taken any action against any fiduciary license held or applied for by you, or have you ever voluntarily submitted to any sanction or surrendered any fiduciary license under threat of suspension or revocation of that license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any state or federal self-regulatory body of any type (such as National Assn. of Securities Dealers) ever taken any disciplinary measures against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a claim filed against your Errors and Omissions Coverage, or has any bonding company ever denied, paid out on, or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of any civil or administrative proceeding, including one initiated by a state department of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any felony charges pending against you, or have you ever pled guilty or nolo contendere to or been convicted of a felony or a crime involving moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any unsatisfied liens (tax or otherwise) or judgments (civil or otherwise) against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been the subject of a bankruptcy petition or proceeding in the past seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> |

(1) I hereby represent that the answers and statements (“the information”) I am giving UnitedHealthcare Life Insurance Company and its affiliates (“the Company”) on this application (“PPA”) are correct, complete, and wholly true. (2) I understand the Company will rely on the information as one factor in considering this PPA, and may, at its option, terminate or rescind our resulting business relationship if any of the information is not as I have given it. (3) I give the Company, its employees, agents, and/or contractors permission to direct advertising or promotional phone calls, faxes, and electronic mail to the numbers and addresses listed above, as well as any others I provide. This permission continues until specifically revoked by me in writing. (4) I understand this PPA will not be considered until I sign the FCRA Authorization.

Signature X _____ **Date** _____

NOTE: No business may be solicited until all state licensing and appointment and/or requirements have been met, and you have been advised that fact in writing by the Company.

DISCLOSURE

UNITEDHEALTHCARE LIFE INSURANCE COMPANY AND/OR ANY AFFILIATED COMPANY (COLLECTIVELY, “THE COMPANY”) MAY OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS ABOUT YOU IN CONNECTION WITH YOUR CONTRACT REQUEST, AS WELL AS ANY SUBSEQUENT REQUESTS.

AUTHORIZATION

I authorize The Company to conduct a public records search, and/or to obtain a consumer reports, and/or an investigative consumer reports about me from a consumer reporting agency. These reports may concern my credit history, worthiness, standing, and/or capacity. These reports may also concern my character, general reputation, personal characteristics, criminal, and civil history, and/or mode of living. I understand that The Company will use this information in whole or in part as a factor in considering my initial contract or any subsequent changes in my relationship with The Company.

I understand that if The Company decides not to approve my contract/request and thereby to take adverse action against me because of information contained in any consumer report(s) authorized by my signature on this form, The Company will provide to me:

- A written pre-adverse action disclosure;
- An adverse action notice;
- A copy of any consumer report(s) received and used by The Company;
- A copy of “A Summary of Your Rights Under the Fair Credit Reporting Act”; and
- The name, address and telephone number of any consumer reporting agency that furnished a consumer report about me to them.

I understand that I am entitled to contest the accuracy or completeness of information contained in any consumer report. I understand that I am entitled to receive an additional free copy of any consumer report. I understand that the consumer reporting agency does not itself make any decision regarding my request with The Company, and the agency cannot explain The Company’s decision to me.

A photocopy or fax copy of this authorization shall be as effective as the original. This permission continues until specifically revoked in writing by the person who signs below.

Printed Name		Social Security Number
Signature	Date	
Address		
City	State	ZIP Code



PROFILE INFORMATION

1. Over the past 12 months, what percentage of total revenue from your current insurance business does individual health represent? (Check one.)

- 0%-10% 11%-24 25%-49% 50% or more

2. What type of insurance is your primary line of business? (Check one.)

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Annuities/LTC | <input type="checkbox"/> Life | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disability Income Insurance | <input type="checkbox"/> Medicare Business
(Part D, Supplement, etc.) | |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Property/Casualty | |
| <input type="checkbox"/> Group Health | <input type="checkbox"/> Supplemental Policies
(Accident, Dental, Vision) | |
| <input type="checkbox"/> Individual Health | | |

3. How many new individual health applications did you personally write in the past 12 months with all carriers combined—excluding Short Term, Medicare Plans, Employer, and Employer/Group policies? (Check One.)

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 21-50 |
| <input type="checkbox"/> 1-5 | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 6-10 | <input type="checkbox"/> 101-200 |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 201+ |

4. How many do you plan to write over the next 12 months? (Check one.)

- More
 Same
 Less

5. Which of the following carriers do you consider to be the primary and secondary recipients of your new individual health applications? Please mark your primary carrier with the number 1, and your secondary carrier with the number 2. Please mark 1 and 2 ONLY.

- | | | |
|---|---|---------------------|
| ___ Aetna | ___ Cigna | ___ Medical Mutual |
| ___ American Community | ___ Coventry/Health America | ___ PacifiCare |
| ___ American Medical Security | ___ Golden Rule/UnitedHealth One/UnitedHealthcare | ___ World Insurance |
| ___ Assurant/Fortis/Time | ___ Health Net | ___ Unicare |
| ___ Blue Cross Blue Shield/
Anthem/Wellpoint | ___ Humana One | ___ None |
| ___ Celtic | ___ Kaiser Permanente | ___ Other _____ |
| | ___ Mega Life and Health | |

6. Over the past 12 months, how many of the following products have you personally written?

Short Term Medical Plans

- 0
- 1-9
- 10-24
- 25+

Medicare Plans (Supplements,
Advantage Plans or Part D)

- 0
- 1-9
- 10-24
- 25+

Health Savings Accounts (HSAs)

- 0
- 1-9
- 10-24
- 25+

Dental (standalone) Insurance Plans

- 0
- 1-9
- 10-24
- 25+

Accident (standalone) Insurance Plans

- 0
- 1-9
- 10-24
- 25+

Critical Illness (standalone) Insurance Plans

- 0
- 1-9
- 10-24
- 25+

7. How many states are you licensed in for health insurance?

- 1
- 2-4
- 5-9
- 10 or more

ASSIGNMENT OF COMMISSIONS AND OTHER MONETARY COMPENSATION

To: UnitedHealthcare Life Insurance Company and/or Golden Rule Insurance Company and/or UnitedHealthcare Insurance Company, and/or All Savers Insurance Company and/or any affiliated company (collectively, "the Company").

If and when the Company owes me compensation because I have sold or secured the sale of insurance products of the Company or for any other reason, I (the undersigned "Assignor") do not wish to receive that compensation, but instead assign it to, and direct the Company to pay it to, the person or entity I have written below as Assignee per my applicability instructions below:

PLEASE PRINT Steven Davidson 453-13-9719
Assignee Name (person/entity to be paid) Social Security/tax ID Number

PLEASE PRINT 409 W Vickery Blvd Ft Worth, TX 76014
Street City State ZIP Phone

This Assignment applies to (select and complete **option 1 OR 2** below):

1. **All monetary compensation including commissions, monetary bonuses, monetary incentives/prizes.**
(in addition, check one box below)
 - all monetary compensation attributable to my business written *after* the date this form is processed by the Company
 - OR
 - all monetary compensation for all business issued, including any business issued prior to this date (only allowed if no prior Assignment has been submitted by the Assignor to the Company)

2. **Commissions only (monetary bonuses and monetary incentives/prizes will be paid directly to you)**
(in addition, check one box below)
 - all commissions attributable to my business written *after* the date this form is processed by the Company
 - OR
 - all first year and renewal commissions for all business issued, including any business issued prior to this date (only allowed if no prior Assignment has been submitted by the Assignor to the Company)

I understand and agree that:

1. Payments made by the Company pursuant to this Assignment fully discharge all of the Company's financial obligations to me under any compensation arrangement between us.
2. This Assignment is subject to, and does not affect, any terms or conditions of any such compensation arrangements except as specifically provided herein.
3. This Assignment is subject to applicable state and federal laws regarding assignment of commissions by insurance producers (by whatever name called). The Company will not be bound by this Assignment in any instance in which it believes applicable law prevents it from paying the Assignee, and it then may pay the person or entity that it, in its sole discretion, determines to be appropriate under the circumstances.
4. This Assignment shall remain in effect, and is binding on both myself and the Company, until revoked. I may revoke this Assignment by sending written notice to the Company. Such revocation will only apply to business written after the effective date of the revocation, and this Assignment will remain in effect for business written for the Company prior to that date. Revocation will be effective on the later of the date I request, or not later than thirty (30) days after the Company's receipt of the notice.
5. This Assignment does not apply to non-monetary incentives/prizes (e.g., merchandise, trips, non-cash incentives, awards, contest results, or any other non-cash remuneration).
6. Assignor understands the Assignee may enter into a Commission Advance Agreement ("Advance Agreement") with the Company. The Advance Agreement entitles the Assignee to receive an advance on the payment of compensation for business issued by the Company after the effective date of the Advance Agreement. Assignor understands and acknowledges that the Company, as a condition to agreeing to the Advance Agreement, requires the Assignee to obtain Assignments from all sub-brokers, including the Assignor. Assignor further agrees that commissions attributable to any business written by the Assignor that are advanced to the Assignee under their Advance Agreement are hereby assigned to the Assignor, even if the business was written prior to the date of this Assignment.

Assignor Signature

Date Signed

Assignor Printed Name

Social Security/Tax ID Number

-SIGN AND RETURN THIS SIGNATURE PAGE-

**INDEPENDENT PRODUCER'S CONTRACT
SIGNATURE PAGE**

I acknowledge and agree that:

- (a) I have received a copy of the Independent Producer Contract (IPC-1213),
- (b) I have read, understood, and agreed to each and every term of the Contract, any and all provisions of which provisions of which cannot be altered without the express written consent of UnitedHealthcare Life; and
- (c) This Contract will not be in effect until such time as UnitedHealthcare Life has countersigned this Signature Page.
- (d) The Contract may be executed in two or more counterparts, any of which need not contain the signature of more than one party, but all such counterparts when taken together will constitute one and the same agreement.

YOU:

Print or type your name

X

Your signature

Date:

Appointment Fee Form

For your privacy and protection, credit card payments may only be accepted by telephone.
Please call (800) 474-4467, option 5 to authorize a credit card payment.

NOTE: Your initial resident appointment fee is refundable upon the submission of your first application.

State Resident and Nonresident Appointment Fees

If payment is for appointment fee(s), please indicate the state and fee(s) to be charged.
These fees are charged by each state's department of insurance and are subject to change.

Producer Name: _____ National producer Number: _____

State	Resident	Non-resident	State	Resident	Non-resident
Alabama	<input type="checkbox"/> \$30 <input type="checkbox"/> Agency \$30	<input type="checkbox"/> \$30 <input type="checkbox"/> Agency \$30	Missouri	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Alaska	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	Montana	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Arizona	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	Nebraska	<input type="checkbox"/> \$8	<input type="checkbox"/> \$8
Arkansas	<input type="checkbox"/> Fee Paid*	<input type="checkbox"/> Fee Paid*	New Hampshire	<input type="checkbox"/> \$25 <input type="checkbox"/> Agency \$25	<input type="checkbox"/> \$25 <input type="checkbox"/> Agency \$25
California	<input type="checkbox"/> \$26 <input type="checkbox"/> Agency \$26	<input type="checkbox"/> \$26 <input type="checkbox"/> Agency \$26	New Jersey	<input type="checkbox"/> \$25 <input type="checkbox"/> Agency \$25	<input type="checkbox"/> \$25 <input type="checkbox"/> Agency \$25
Colorado	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	New Mexico	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Connecticut	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	Nevada	<input type="checkbox"/> \$15 <input type="checkbox"/> Agency \$15	<input type="checkbox"/> \$15 <input type="checkbox"/> Agency \$15
Delaware	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	North Carolina	<input type="checkbox"/> \$10 L + \$10 H = \$20	<input type="checkbox"/> \$10 L + \$10 H = \$20
District of Columbia	<input type="checkbox"/> \$25 <input type="checkbox"/> Agency \$25	<input type="checkbox"/> \$25 <input type="checkbox"/> Agency \$25	North Dakota	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10
Florida	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60**	Ohio	<input type="checkbox"/> \$20 L + \$20 H = \$40 <input type="checkbox"/> Agency \$20 L+\$20 = \$40	<input type="checkbox"/> \$20 L + \$20 H = \$40 <input type="checkbox"/> Agency \$ L+\$20 = \$40
Georgia	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	Oklahoma	<input type="checkbox"/> \$30 <input type="checkbox"/> Agency \$30	<input type="checkbox"/> \$30 <input type="checkbox"/> Agency \$30
Hawaii	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	Oregon	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Idaho	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	Pennsylvania	<input type="checkbox"/> \$15 <input type="checkbox"/> Agency \$15	<input type="checkbox"/> \$15 <input type="checkbox"/> Agency \$15
Illinois	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	Rhode Island	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Indiana	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	South Carolina	<input type="checkbox"/> Fee Paid*	<input type="checkbox"/> Fee Paid*
Iowa	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee	South Dakota	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10	<input type="checkbox"/> \$20 <input type="checkbox"/> Agency \$20
Kansas	<input type="checkbox"/> \$5 <input type="checkbox"/> Agency \$5	<input type="checkbox"/> \$5 <input type="checkbox"/> Agency \$5	Tennessee	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15
Kentucky	<input type="checkbox"/> \$40 <input type="checkbox"/> Agency \$100	<input type="checkbox"/> \$50 <input type="checkbox"/> Agency \$120	Texas	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10
Louisiana	<input type="checkbox"/> \$20 <input type="checkbox"/> Agency \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> Agency \$20	Utah	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Maine	<input type="checkbox"/> \$30 <input type="checkbox"/> Agency \$30	<input type="checkbox"/> \$70 <input type="checkbox"/> Agency \$70	Vermont	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60
Maryland	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	Virginia	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10	<input type="checkbox"/> \$10 <input type="checkbox"/> Agency \$10
Massachusetts	<input type="checkbox"/> \$75 <input type="checkbox"/> Agency \$75	<input type="checkbox"/> \$75 <input type="checkbox"/> Agency \$75	Washington	<input type="checkbox"/> \$20 <input type="checkbox"/> Agency \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> Agency \$20
Michigan	<input type="checkbox"/> \$5 <input type="checkbox"/> Agency \$5	<input type="checkbox"/> \$5 <input type="checkbox"/> Agency \$5	West Virginia	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Minnesota	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	Wisconsin	<input type="checkbox"/> \$16	<input type="checkbox"/> \$50
Mississippi	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	Wyoming	<input type="checkbox"/> \$15 <input type="checkbox"/> Agency \$15	<input type="checkbox"/> \$15 <input type="checkbox"/> Agency \$15

* Fee paid by appointing insurance company.

** Add \$6 per Florida county.

Not For consumer Use