

Agent Transfer Process

The design of the Agent Transfer Process is to reduce the number of transfers and to provide advanced notification to all parties affected by the transfer.

- *Agents must remain in their current arrangement for 180 days before a transfer request will be considered.*
- *Transfers within your PMA will only be allowed if an agent does not have any "issued" production, in any line of business, within the past 90 days of the transfer request. My PMA is Kansas, Oklahoma, & Missouri*
- *Transfers outside of your PMA will be allowed if an agent does not have any "issued" production, in any line of business, within the past 180 days.*
- *Anytime a "Release" letter is obtained from the losing entity, the above rules will not apply.*
- *Upon receipt of the General Agent / Agent Transfer form the Home Office will provide notification of the pending transfer to the current arrangement. The transfer will become effective on the date we approve unless we receive a written request from the transferring agent to discontinue the process.*



Agent Name

SSN

GA's Name STEPHEN T LUDWIG

GA Agent Number 183CR193001

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.

Form section for selecting how the agent is to be paid, including options for MGA or GA pays, company contract, and payment frequency.

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.

Main authorization form with sections for Individual Medical, Short Term & Student Select, Small Group, and VoluntaryMart, including schedule options and compensation levels.

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



AGENCY INFORMATION

| | |
|--|---------------------------------------|
| 1. MGA Name: | MGA Business No. |
| 2. GA Name: STEPHEN T LUDWIG | GA Business No. 183CR193001 |

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



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) | NAME / 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

GENERAL AGENT'S SIGNATURE

Completed application can be faxed to Agent License and Contract Support at (414) 299-7516 or send to MKELicensing@assurant.com

Company Use Only

| | |
|---|--------------------|
| RSD's SIGNATURE / HOME OFFICE AUTHORIZATION | |
| Appointment Date | Agent Business No. |

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201



Time Insurance Company Producer Sales Agreement

This Producer Sales Agreement is between Time Insurance Company, by its current name or any new name or legal identity it may hold in the future, its subsidiaries and associated organizations (hereinafter referred to as the "Company" or "We" or "Us" or "Our") and

, "Producer" or "You" or "Your" or "Yours".

(Please print or type name)

The Producer agrees to comply with the following terms and conditions.

Producer

For Time Insurance Company

Signature

Signature

(Please print or type name)

Effective Date of Agreement
(To be completed by Home Office.)

Date

Producer #:

General Agent

STEPHEN T LUDWIG

183CR193001

GA Name (Please print)

GA Number

BENEFICIARY DESIGNATION:

Name

Present Address

if living, otherwise to:

Name

Present Address

DEFINITIONS

AGREEMENT. For the purposes of this Agreement, "Agreement" shall mean this Producer Sales Agreement, together with the Appointment Application, Commission and Product Schedules and any attachments, exhibits or schedules hereto.

ASSOCIATED ORGANIZATION. For the purposes of this Agreement, an "Associated Organization," shall mean a



Return by fax to: 414-299-1126
 Or mail to: Assurant Health
 501 West Michigan
 P.O. Box 624
 Milwaukee, WI
 53201-0624

Agent Commission Electronic Funds Transfer Form

Agent/Agency Name: _____

Agent/Agency Number: _____

Daytime Phone Number: _____ Area Code _____ Fax Number: _____ Area Code _____

Payment Frequency (Please check one): Weekly Semi-monthly Monthly

Statement Frequency (Please check one): Semi-monthly Monthly

Account Type (Please check one): Checking Account (22) Savings Account (32)

If you currently receive commission by electronic fund transfer, want to change frequencies and are not changing accounts, please check the following box:

Please make payments to my current depository.

If you are authorizing electronic fund transfer either for the first time or to a different account:

1. For checking account, please void a pre-printed blank check and attach here.
2. For savings account, please void a pre-printed deposit slip and attach here.

We cannot accept voided checks or deposit slips with a handwritten name & address

3. Please transfer the numbers at the bottom of the check or deposit slip into the fields below.

Your Bank's 9-Digit Routing Number
↓

and

Your Account Number
↓

Bank Routing Number

Account Number

Authorization

I hereby authorize Time Insurance Company to initiate credit entries and, if necessary, adjustments for any credit entries made in error to the checking or savings account indicated above, hereinafter called depository.

Agent Signature _____

Please submit an updated authorization any time you change depositories.

Month Day Year

For Time Insurance Company Use Only

Commission Vendor# _____ CC _____

Verified By _____ Date _____

Cash Management Keyed By _____ Verified By _____



Instructions: Complete and submit with standard appointment paperwork to register a "new" agent. An agent is "new" if they receive their initial resident state license within 90 days of their first Time Insurance Company appointment. We will not honor a new agent's transfer request for one year following their effective date with the company. Please inform the agent of this restriction.

GA/MGA Name: STEPHEN T LUDWIG

GA/MGA Number: 183CR193001

New Agent Name:

**Effective Date Of
Initial Resident
License:
License State:**

I represent that the answers given in this notification 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.

Signature of General Agent/MGA

Date

Signature of Agent

Date