

# ASSOCIATE AGREEMENT

- Complete the **Prospective Associate's Application and Profile**, Sign, Date and Return.  
On PAGE 2 indicate the commission level for each company you are requesting the agent be contracted with. If you provide this information for only one company and multiple companies are checked on the top of the first page of the Associate' application we will use this level for all companies. For a list of commission level codes to use please contact your upline manager.

**Important Note: If contracting a corporate agency both the signature lines that are provided for the individual seeking to be contracted and corporate officer must be signed.**

- Review and sign the **Authorization To Conduct A Background Investigation**. Be sure to include the signed copy when returning your completed application.
- Review the **Associate Agreement**, and keep for your records.
- Review the **Commission Schedule** (specific insert by insurance company).
- Review the **AML Producer's Guide** and keep for you records.

If requesting commission advances,

- Review the **Associate Advance and Pledge Agreement**, and keep for your records.
- Review the **Associate Promissory Note**, and keep for your records.

PLEASE MAKE SURE YOU SEND IN THE FOLLOWING:

- Enclose a copy of your **current resident license** and non-resident licenses for all other state(s) where you desire to be appointed.
- We will debit the state appointment fees from the bank account listed in the Direct Deposit/Automatic Draft Agreement section of the application.
- Enclose a copy of your completed **W-9** form.

**Return all contracting paperwork to the home office at:**

**Fax: (888) 832-4154**

**Email: CSBLicensing@Cigna.com**

**Mail: P.O. Box 26580**

**Austin, TX 78755-0580**

**ATTN: Agent Contracting**

Cigna - Supplemental Benefits  
**PROSPECTIVE ASSOCIATE'S  
 APPLICATION & PROFILE**

Please check each company you wish to be contracted with\* (herein collectively referred to as "Company"):

- American Retirement Life Insurance Company       Cigna Health and Life Insurance Company  
 Loyal American Life Insurance Company       Other(s) \_\_\_\_\_

Initial states you wish to be appointed in\*: \_\_\_\_\_

\*Applications for insurance solicited for a Company or in a State not checked or listed above will be deemed to be an amendment to this application for contracting and be processed by the Company as if this application included that Company or State.

**I. PERSONAL INFORMATION**

Full Name \_\_\_\_\_  
First Middle Last

**ALL ISSUED POLICIES WILL BE MAILED DIRECTLY TO THE POLICY OWNER UNLESS THE FOLLOWING BOX IS CHECKED:**  MAIL POLICIES TO AGENT  
 National Producer Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ SSN \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State County Zip

Mailing Address \_\_\_\_\_  
Street City State County Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Providing your cell/mobile number allows us to send text alerts

Your Med Supp 1st year annualized issued premium for the past 12 months was: \$ \_\_\_\_\_ Final Expense \$ \_\_\_\_\_  
 Other Supplemental Products \$ \_\_\_\_\_. (For amounts of \$250,000 or more submit proof of production with this application).

**II. BUSINESS, LICENSE and COMMISSION PAYMENT INFO (Please attach copies of current licenses in all states you wish to be appointed.)**

**Please fill out all information.**

Do you currently have E & O Coverage  Yes  No If "Yes," attach declaration page to application

Are you applying for an advance?  Yes  No If yes, please check one:  15 MO  12 MO  9 MO  6 MO

**Please Note: Only Med Supp policies are eligible for a 12 or 15 month advance. All other products are eligible for a 9 month maximum advance.**

**AGENCY/CORPORATE DATA** (complete only if you want to be appointed as an agency or corporation). Corporation must be licensed in order to receive commission. **Note: Both signature lines in Section IV must be signed if applying as agency or corporation.**

Agency/Corporate Name: \_\_\_\_\_ Corp. Tax I.D. Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State County Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Make commissions payable to:  Individual  Corporation

**Direct Deposit/Automatic Draft Agreement**

I hereby authorize the Company to deposit any amounts advanced or owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") noted on this form. I authorize the bank to accept and to credit these entries to my account. In the event the Company erroneously deposits funds into my account, I authorize the Company to debit my account to recover these erroneous deposits. **I further authorize the Company to initiate electronic debit entries to my account for the payment of my appointment fees (the entry will appear with a description of "Supp Benefits").** This authorization shall remain in full force until the Company and Bank have received written notice from me of its termination in such time and manner as to afford the Company and Bank reasonable opportunity to act on it.

Agt. Name: \_\_\_\_\_ Agent No.: \_\_\_\_\_ Checking  Savings

Bank Name: \_\_\_\_\_ Routing No.: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

**Assignment of Commissions (if applicable)** Complete only if commissions are to be paid to another agent or agency other than the applicant.

For the value received, I \_\_\_\_\_ (assignor) of the city of \_\_\_\_\_, State of \_\_\_\_\_

Do hereby assign, transfer and set over to: \_\_\_\_\_ (assignee) \_\_\_\_\_ (TIN or SSN)

with address of \_\_\_\_\_

Its successors and assigns, my rights, title and interest in the first year and renewal commission which shall accrue to me under my contract with the Company. I further certify there is no previous assignment or assignments nor had any bill of sale of these commissions or any part thereof been previously made by me to any other person or persons, nor is there any claim against such commissions outstanding. I do for myself, my executors or administrators, guarantee the validity of the foregoing assignment.

**III. BACKGROUND INFORMATION**

Please answer all questions. **If you answer "Yes" to any of the questions, please explain in the area below or attach a separate sheet with details.**

1) Are you or have you ever been appointed with American Retirement Life Insurance Company, Central Reserve Life Insurance Company, Continental General Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company?  
Explanation

Yes No

2) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)  
Explanation

Yes No

3) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?  
Explanation

Yes No

4) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?  
Explanation

Yes No

5) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?  
Explanation

Yes No

6) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?  
Explanation

Yes No

7) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?  
Explanation

Yes No

8) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?  
BANKRUPTCY DISCHARGE/DISMISSAL DATE \_\_\_\_\_  
Explanation

Yes No

**IV. NOTICE**

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I understand that failure to provide true and complete information in this application may result in the denial of this request for appointment and/or subsequent termination thereof. I agree that an electronic version, fax or photocopy of this application shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. **I certify that I have read and fully agree to the terms and conditions set forth in the Associate Agreement (Form # CSB-8-0001) including Section 20 which sets forth the terms and provisions relating to Mandatory Binding Arbitration. If I have requested advance commissions, I have read and fully agree to the terms and conditions set forth in the Advance Pledge Agreement (Form # CSB-8-0001b) and the Promissory Note (Form # CSB-8-0001c) and reviewed the AML Producer's Guide (CSB-8-0001d) attached to this Application. I hereby agree to be bound by all terms and conditions of said Agreement(s).** Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

<b>Signature of individual requesting to be contracted with the Company as an Associate</b>	Date
<b>Signature of Corporate Officer (if Corporation) or Principal Licensed Agent (if non-Corporation business entity) of business entity requesting to be contracted with the Company as an Associate</b>	Date

**V. TO BE COMPLETED BY UP-LINE RECRUITING AGENT**

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Associate's Agreement, including the Associate Promissory Note and Associate Advance and Pledge Agreement attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company and its affiliates are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Up-Line Recruiting Agent.

<b>Printed Name of Up-Line Recruiting Agent</b>	<b>Prospective Associate's Commission Level (e.g. MGA, GA, AGT II, etc.)</b>			
<b>Signature of Up-Line Recruiting Agent</b>	ARLIC	CHLIC	Loyal	Other
<b>Up-Line Recruiting Agent's Number</b>	Date			

**AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION**

For appointment purposes, I hereby authorize the Company to obtain a consumer report and/or investigative consumer report that includes information about my character, general reputation, credit worthiness, and personal traits. I hereby authorize all entities having information about me, including, but not limited to present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the Company or any of its affiliates. I agree that an electronic version, fax or photocopy of this authorization and release shall be as valid and binding as an original. I acknowledge receipt of the Fair Credit Reporting Act disclosure form included in this document.

**For Maine Applicants Only** – Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing the investigative report concerning you. You also have the right, under Maine law, to request and promptly receive all such agencies copies of any reports.

**For Washington Applicants Only** – If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law. The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southhampton, PA, 18966, Telephone (800) 260-1680. [www.bigreport.com](http://www.bigreport.com).

**For California, Minnesota & Oklahoma Applicants Only** – A consumer credit report will be obtained through Business Information Group, Inc. (B.I.G.), P.O. Box 541 Southhampton, PA, 18966, Telephone (800) 260-1680. [www.bigreport.com](http://www.bigreport.com). If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I want a copy \_\_\_\_ (initials); I do not want a copy \_\_\_\_ (initials). If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy. I want a copy \_\_\_\_ (initials); I do not want a copy \_\_\_\_ (initials). \* California applicants: If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer’s receipt of the report (unless you elected not to get a copy of the report). **BIG’s privacy practices with respect to the preparation and processing of investigative consumer reports may be found at [www.bigreport.com](http://www.bigreport.com) (link at bottom of page entitled, “Legal/Privacy”).**

<b>Signature of individual requesting to be contracted with the Company as an Associate</b>	Date
---	------

## **Agent's Code of Ethical Conduct Cigna Supplemental Benefits**

As an agent for the Cigna Supplemental Benefits family of companies, you represent our companies to the public, and you embody our professional reputation in your dealings with clients. Our Company supports the Principles of the Insurance Marketplace Standards Association. We ask that all our representatives review and understand the following statement as your commitment to the highest standards of doing business:

- I will treat my clients as I would want to be treated.
- I will study the terms and provisions of any Cigna Supplemental Benefits contract, which I will sell, so that I can relate it accurately to the potential buyer.
- I will ask questions to learn the client's situation, so I may assist the client in selecting a product that is appropriate to the client's needs, retirement plans, tolerance for risk, and financial situation.
- I will conduct all business with honesty, fairness and integrity.
- All advertising and sales materials I use and comments I make in the sales process will be based on principles of fair business dealing and good faith, and they will have a sound basis in fact.
- I will refrain from focusing sales on inappropriate, disparaging allegations about competitors and their products-comments on the competition will be based on factual knowledge and true comparisons of features and benefits.
- I will comply with all applicable insurance laws and regulations, and with all state and federal laws regarding fair competition.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.