



## APPOINTMENT INSTRUCTIONS

### GUARANTEE TRUST LIFE

Please follow the instructions and checklist below to become appointed with GTL under GoHealth. Incomplete submissions will cause significant delay in processing. **Processing takes approximately 3-5 days.**

**\*Please send the completed appointment kit to your GoHealth VMO Manager.**

#### Appointment Application

- Complete each item thoroughly
- If are applying as an **Individual** leave the corporate section blank
- If applying as a **Corporation** you must complete **both** the Personal Information and the Corporation Information
- Complete Background information by indicating "Yes" or "No"
  - Attach a detailed explanation for each "Yes" answer
- Sign and date

#### Advanced Commissions Finance Agreement

- Sign and date
- Note:** Both pages must be returned

#### Direct Deposit Form

- Complete thoroughly

#### State Background Check Form

- Complete **only if** you are a resident of Georgia or Massachusetts (or resided in one of them in the last 7 years) and are wishing to be appointed in those states

#### Appointment Fees

- GTL will complete your appointment and pay your initial resident state appointment fee upon receipt of your first submitted business **EXCEPT** for the following:
  - Florida: Agents must pay a \$60.00 pre-appointment fee in Florida **only if** they do not have at least **one** other carrier appointment in Florida
  - Pennsylvania: Agents must pay a \$15.00 fee (\$30.00 Sept-Dec) for Individual and/or Corporate appointments
- Send checks to: Guarantee Trust Life  
Attn: Licensing Department  
1275 Milwaukee Ave  
Glenwood, IL 60025

#### General Items to Remember

- Attach a voided check
- Attach a copy of insurance license for each state in which you wish to be appointed



Guarantee Trust Life Insurance Company



## CONTRACTING GUIDE FOR GO HEALTH

Use the checklist and form completion guidelines below as a reference. Proper completion and submission of the necessary forms will help expedite the processing of your appointment.

After printing and completing the paperwork, you may fax, email or mail to GTL.

Fax #: (847) 699-0895  
Email address: [agency@gtlic.com](mailto:agency@gtlic.com)  
Mailing address:  
Guarantee Trust Life Insurance Company  
ATTN: Marketing Dept  
1275 Milwaukee Avenue  
Glenview, IL 60025

Upon review and approval of your individual and/or corporate request for appointment, you will receive a welcome letter indicating your agent and/or agency code(s).

Contact the GTL Marketing Department at (800) 323-6907 with any questions.

### Appointment Application:

Individual Agent Appointment: List your legal name as shown on your resident license when completing all paperwork. Make sure to sign and date the Appointment Application form. Individual agents may leave the Corporate Information section blank.

Corporate Appointment: Complete both the Personal Information and Corporate Information Sections. Remember to include both the SSN for the individual and Tax ID# for the corporation.

### Advanced Commission Finance Agreement: (Subject to GTL Approval)

After reviewing the agreement, complete and sign page 2 if requesting advance commissions.

### Direct Deposit/EFT: (Mandatory)

Commission payments are directly deposited via electronic funds transfer (EFT) into your checking or savings account. Please complete the Automatic Deposit Payment Plan form and include a copy of a voided check or savings account statement. Please Note: You will receive your 1099 from Go Health, not GTL.

### State Background Check Form: (GA and MS only)

### Insurance License(s):

Submit a copy of your resident license and non-resident license(s) under which you will be submitting business. For Corporate Appointments, submit corporate license(s) along with the applicable individual license(s). GTL will complete your appointment and pay your initial resident state appointment fee upon receipt of your first submitted business, except as explained in the next paragraph.

Pre-appointment states only (FL and PA): FL will require the \$60 pre-appointment fee if you do not have at least one other carrier appointment. PA appointment fee is \$15 (\$30 Sept. through Dec.). Please make check for state appointment fee payable to GTL and mail along with all other appointment documents to: GTL, ATTN: Marketing Dept, 1275 Milwaukee Avenue, Glenview, IL 60025

### E&O Certificate

GTL does not require proof of E&O insurance.

(8/2011)



# GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue • Glenview, Illinois 60025 • 847-699-0600 • www.gtlic.com

## CONTRACT/APPOINTMENT APPLICATION FOR:



Please Print or Type All Information

### ► Personal Information

1. Name \_\_\_\_\_  
(Last) (First) (Middle Initial) SS#

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Male  Female

3. Drivers License # \_\_\_\_\_ (State) \_\_\_\_\_

4. Marital Status  Single  Divorced  Married 5. Spouse's Full Name \_\_\_\_\_

6. Home Address: \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_

(If less than 7 years, please provide previous address) \_\_\_\_\_

7. Business address: \_\_\_\_\_  
Street City State Zip

Business phone \_\_\_\_\_  
(Area Code) (Number)

Fax number \_\_\_\_\_  
(Area Code) (Number)

E-Mail address \_\_\_\_\_

### ► Corporation Information

8. Company Name \_\_\_\_\_ Fed. ID # \_\_\_\_\_

Company Insurance License # \_\_\_\_\_ (Copy Required)

Indicate other Principal Parties in Partnership or Corporation, list Officers of the Company:

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

### ► Financial

9. Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ Type of account \_\_\_\_\_

Have you or your company:

10. Declared bankruptcy?  Yes  No

11. Been a defendant in a lawsuit?  Yes  No

12. Any outstanding and/or unsatisfied judgments or liens against you?  Yes  No

13. Ever been involved in a business venture that failed?  Yes  No

14. Any outstanding debt(s) with any insurance company or companies?  Yes  No

If you answered "Yes" to any of the above, please attach a detailed explanation.

► **Licensing Information: All Agents must submit a copy of current license(s) (Resident & Non-Resident)**

15. Type of license:             Life             A&H             Broker            License # \_\_\_\_\_
16. How long have you been in the Life field? \_\_\_\_\_ A&H field \_\_\_\_\_
17. Have you ever been licensed with GTL?             No             Yes            Prior Code # \_\_\_\_\_
18. Are you full-time in the insurance business?             No             Yes            If not, state other business: \_\_\_\_\_
19. With which other insurance companies are you presently licensed/appointed? \_\_\_\_\_

► **Background Information**

20. Have you ever been investigated or fined by an Insurance Regulatory Authority?             Yes             No
21. Has your insurance license ever been suspended or revoked?             Yes             No
22. Have you ever plead guilty or "nolo contendere" to or been found guilty of a felony?             Yes             No
23. Have you ever had a bond canceled or declined?             Yes             No
24. Are you now the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions?             Yes             No

If you have answered "Yes" to any of the above questions, please attach a detailed explanation.

► **Employment History**

25. Current Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_
26. Current Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_
27. Current Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

(Please provide 7 years of employment history. Attach additional information if necessary)

► **Education**

28. Highest Level of Formal Education             Grammar School             High School             College             College+
29. Professional Designations \_\_\_\_\_

**Fair Credit Reporting Act (FCRA)** — Public law requires that we advise you that a routine inquiry by accessing public records, may be made which will provide applicable information concerning your character, general reputation, personal characteristics, and mode of living. By signing below, you understand the above and authorize all persons and entities to release information about you they may have. You also acknowledge that you have read and understand the attached "Summary of Your Rights under the Fair Credit Reporting Act." Upon written request, additional information as to the nature and the scope of the report, if one is made, will be provided.

► **Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

- **This section is to be completed by the recruiting General Agent:**            Sub Agent Code: \_\_\_\_\_
- Recruiting General Agent Name \_\_\_\_\_ Code # \_\_\_\_\_
- Pay Writing Agent's Commissions to:             Recruiting GA Only            or             Applicant Only
- Mail Policies to:             Recruiting General Agent or             Applicant (New General Agent)
- Name: \_\_\_\_\_ Name: \_\_\_\_\_
- Address: \_\_\_\_\_ Address: \_\_\_\_\_
- Primary Product \_\_\_\_\_ 1<sup>st</sup> Yr. Commission Rate \_\_\_\_\_ %

## SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every Consumer Reporting Agency (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy — to creditors, employers, landlords and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires CRAs and certain other individuals or entities to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1081 at the Federal Trade Commission's website (<http://www.ftc.gov>).

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take adverse action against you — such as denying an application for credit, insurance, or employment — must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if an individual or company has taken adverse action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving the notice of the adverse action. You are also entitled to one free report every twelve (12) months upon request, if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars to provide you a copy of your report.
- **You can dispute inaccurate or incomplete information with the CRA.** If you tell a CRA that your file contains inaccurate or incomplete information, the CRA must reinvestigate the items (usually within thirty [30] days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the information of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any changes. If the CRA's investigation does not remove the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute its accuracy or completeness. However, the CRA is not required to remove data from your file that is accurate unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell a person or entity such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old, or ten (10) years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA.
- **You may have additional rights.** You may have additional rights under state law and you may wish to contact local consumer protection agency or a state attorney general to learn of your potential rights.

# ADVANCED COMMISSIONS FINANCE AGREEMENT

## General Agent

This instrument set forth the agreement between the undersigned General Agent, hereinafter referred to as the "GA" and Guarantee Trust Life Insurance Company, hereinafter referred to as the "Company," relating to the payment by the Company to the GA commissions before they are earned ("advances"). Commissions are payable in accordance with the provisions of the General Agent Agreement between the GA and the Company relating to the sale of the Company's insurance products.

1. In accordance with the terms hereof, advances of commission will be made to the GA on a regular basis as policies are issued pursuant to the terms of the GA's agreement with the Company relating to the sale of the Company's insurance products. The amount of such advances shall be determined by the Company. Maximum advance per policy is \$2,500.00 (subject to change). Advances on "Bank Draft" mode of payment only. No advance on monthly, quarterly or semi-annual payment modes. These advances against future commissions shall automatically be continued to be solely at the Company's discretion. Such advances of future commissions shall be considered loans to the GA by the Company and are subject to the terms hereof.
2. Advance history will be reviewed annually for persistency, policy placement and the over all health of the agent's commissions account. Advance privilege can be revoked at any time by the Company.
3. Advance approval based on minimum of \$250K Projected New Annualized Premium.
4. The acceptance by the GA of any advance commission payment from the Company shall be conclusive evidence that such advance commissions are owed to the Company until paid or earned pursuant to the terms of this Agreement and the GA Agreement.
5. In consideration for the making of advances to the GA against future commissions, the GA hereby assigns and pledges all right, title and interest to all commissions payable to the GA pursuant to the terms of its General Agent Agreement with the Company, or any other monies payable to the GA thereunder, as collateral security for the repayment of any outstanding advance balances of the GA owned to the Company. The GA hereby agrees that any advanced amount may be at any time deducted and withheld by the Company from commissions earned by the GA under the terms of the General Agent agreement, until such time as any and all advanced amounts owed to the Company by the GA are paid in full.
6. The GA hereby agrees that if an advance of commissions on an issued policy is made to the GA, and the underlying policy is terminated during the period for which advances have been made, any remaining balance due on the advance for such policy shall be deducted from future commissions advanced or earned commissions payable to the GA. Notwithstanding the foregoing, the GA agrees that repayment of any such advance commissions against a terminated policy shall be made immediately by the GA if requested by the Company.
7. In all events, the GA hereby agrees to pay immediately upon demand by the Company any balance due and owing on the balance of any advanced commissions upon termination of the GA's General Agent Agreement with the Company or termination of GA's representative's agent with the Company.
8. For any advanced commission amounts that are not repaid in accordance with the provisions of this Agreement, the GA hereby agrees to pay interest at the rate of EIGHTEEN PERCENT (18%) per annum compounded monthly until such amount is paid in full to the Company.
9. The GA warrants and represents that none of the commissions payable to the GA by the Company are subject to any prior assignment, claim, lien or security interest, and that the GA is authorized to make such assignment as collateral security in accordance with the terms of this Agreement. The GA hereby agrees to execute all financing statements required for the Company to perfect its security interest in the collateral pledged hereunder. The GA hereby represents and warrants that it shall take all action necessary to secure the lien right of the Company on the receivables pledged herein such that the Company may, in the event of default by the GA, directly pursue as the GA's assignee, the amounts owed by the GA's agents and sales representatives, or such other monies payable to the GA by other insurance companies.

10. If commission advances owed to the Company, or its designee, as a result of the terms of this Agreement are not repaid by the GA when due pursuant to the terms hereof, or if an agreement is not reached with the Company for the repayment of said obligations within thirty (30) days after the due date, the GA hereby agrees to pay all costs of collection, including, but not limited to, attorney fees and the costs of suit.
11. If any amounts owed to the Company are not paid as required hereunder, the GA hereby agrees that the Company may initiate suit against the GA in the jurisdiction of the Company's choice. The GA hereby expressly consents to the service of process in the jurisdiction if a suit is brought by the Company against the GA for amount owing hereunder.
12. There will be no advances allowed on monthly direct bill business.

**If the foregoing sets forth the terms of the Agreement between the Company and the GA, please execute one copy of this Agreement and forward the selected copy to the Company.**

General Agent

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the General Agent

\_\_\_\_\_  
Print or type name of General Agent

GUARANTEE TRUST LIFE INSURANCE CO.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

REQUESTED ISSUE ADVANCE RATE: \_\_\_\_\_%

**SAFE  
QUICK  
EASY  
CONVENIENT  
RELIABLE**

With GTL's Automatic Deposit Payment Plan, agents can now enjoy the convenience millions of people across the country have discovered.

**Benefits include:**

- **Access to your money faster.**  
The time involved with mailing a check is eliminated.
- **A reduction in paperwork.**  
Once you are on the Plan, your deposits are automatically handled.

**MAKE LIFE EASIER!  
TAKE ADVANTAGE OF  
GTL'S AUTOMATIC  
DEPOSIT PAYMENT  
PLAN TODAY!**

**AUTOMATIC DEPOSIT  
PAYMENT PLAN FOR  
GO HEALTH AGENTS**



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Guarantee Trust Life Insurance Company  
1275 Milwaukee Avenue  
Glenview, IL 60025





## AUTOMATIC DEPOSIT PAYMENT PLAN FOR GO HEALTH AGENTS



### HOW YOUR AUTOMATIC DEPOSIT PAYMENT PLAN WORKS

GTL's Automatic Deposit Payment Plan ensures that your commissions are received on time.

#### Here's How:

1. GTL will automatically deposit commissions owed to you by Go Health L.L.C. in to your Bank Account.
2. With the Automatic Deposit Plan, all amounts due to you by Go Health L.L.C. will be paid under this method.
3. As an agent of Go Health , you will receive your 1099 from Go Health L.L.C., not Guarantee Trust.

### HOW TO ENROLL IN THE AUTOMATIC DEPOSIT PAYMENT PLAN

Simply complete the attached Automatic Deposit Plan form, making sure to include a copy of a voided check. It's that easy.

### CHANGING BANK ACCOUNT

Notify the Home Office in writing when you decide to change your bank or account with the new account and routing numbers in the letter. This will help to provide a smooth transition in transferring your Automatic Deposit Payment Plan to your new account.

For more information, call our commission Accounting Department at 1-800-323-6907.

## Automatic Deposit Payment Plan

Authorization for direct deposit into the indicated bank account.

To: \_\_\_\_\_

(Name of Bank)

\_\_\_\_\_  
(Address of my bank)

\_\_\_\_\_

\_\_\_\_\_

### Please Attach Voided Check (A voided check is required to process your request.)

As a convenience to me, I request and authorize you to electronically deposit in my account, at the financial institution named on the attached voided check, commissions payable to me. I also authorize GTL to electronically withdraw from my account any sum erroneously credited to me account by GTL.

I agree that my rights in respect to each payment shall be the same as if they were deposited by me and personally signed by me. I also agree to notify GTL within 30 days of the deposit date if there is a discrepancy with my deposit. This will enable GTL to comply with Federal Banking laws. Failure to notify GTL may result in the loss of my deposit.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Number

## **Authorization Form for Release of File Copies of Criminal History**

I hereby authorize Interstate Background Research, Inc. acting as an agent for \_\_\_\_\_ to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency.

This request is valid for one (1) year from this date heron.

### **PART A: To be completed by EMPLOYEE:**

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Employee Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Gender: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_

Employee City, State and Zip Code: \_\_\_\_\_

Date of this request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ \*\*SIGN HERE

### **THANK YOU**

\*May be deemed necessary to conduct a thorough criminal record search in accordance with the, "Code of Federal Regulations" Equal Employment Opportunity Commission Code 1625.5.

\* This request for your date of birth does not indicate discrimination; and the request in itself is not a violation of the Age Discrimination Act. Your date of birth is requested for a permissible purpose, under the code, and has been ruled a critical identifier for criminal and driving history information. Some states will not conduct a criminal search without the date of birth.