

INSURANCE SERVICES OF AMERICA

"THE Nationwide Leader of International & Short Term Medical Insurance"

Office locations:

Gilbert, Arizona
Baton Rouge, Louisiana
Vail, Colorado
Carlsbad, California

1-800-647-4589
(480) 821-9052
(Fax) (480) 821-9297
1757 E. Baseline Road * Suite 126 * Gilbert, AZ 85233
health@isa.phxcoxmail.com

Contracting for:
"Value Health" Plans –
"Value Access" Guaranteed Issue Plan
"VBA Accident" Plan

HOW TO COMPLETE THE CONTRACTING REQUIREMENTS

1. Complete the "Agent's Profile" form (2 pages);
2. Complete the "VBA Representative Personal Data Form";
3. Sign and Print your name on the GAC Commission Schedule page;
4. Complete the W-9 outlining how you want commissions paid;
5. Complete the GAC "Agent Authorization Agreement" for direct deposit of your commissions & send back with a "voided" check.
(If you do not want your commissions to be direct deposited be advised that the minimum amount of commissions without direct deposit is \$100.00)
6. Send us a copy of your state license(s)!
7. If you an agent in GA or MS, complete the attached "Authorization" form.
8. ***If you reside in a state where they charge an appointment fee, please be advised that NO FEE IS NECESSARY!!!!!!***
9. Mail (or to **save time FAX - (866) 793-4779**) all forms to -
Insurance Services of America
1757 E. Baseline Road – Suite 126
Gilbert, AZ 85233

If you have any questions, let me know!

Thank You!

Graham Bates
National Marketing Director

P.S. Supplies WILL be sent upon receipt of your contract!!!!

Fill Out Completely To Sell Value Health Plan offered to Members of VBA, Inc.



Agent's Profile - To be used for agents affiliated with MM/GAC

The United States Life Insurance Company in the City of New York
 Member of American International Group, Inc.
 Agent Licensing • Mailstop 4-Z • 3600 Route 66 • Neptune, NJ 07753

This form must accompany requests for appointment and/or license with our company. In addition, if the applicant is a Company, Corporation or Partnership then the principal(s) must also complete an agent profile form in its entirety and supply a copy of his/her insurance license(s).

Name: _____	MM/GAC	Code: _____	T1129
Licensing Contact: _____	GAC	Telephone No.: _____	1-800-366-2467

SECTION 1: How are you doing business? Corporation Partnership DBA or T/A Individual

A. Companies must complete both Company and Individual applicant information.

Company Name: _____
 DBA (or T/A): _____
 Tax Identification #: _____
 Names of Agency Officers: _____
 Phone No. _____ Fax No. _____
 Email Address: _____
 Address: _____

B. Individual: To be completed by Agency Officer/Principal(s):

Male Female
 Last Name: _____ First Name: _____ Middle Initial: _____
 Suffix and/or Prefix if applicable: _____ Social Security #: _____ Date of Birth: _____
 Phone No. _____ Fax No. _____
 Email Address: _____
 Resident Address: _____

 Business Address: _____

SECTION 2: Florida non-residents must specify the Florida counties in which you will be representing our company:

 (Note: Florida appointment expenses will be paid in the three counties you are primarily representing our company. Additional appointment expenses will be paid by the applicant.)

SECTION 3: List all states you wish to be appointed with our company and attach legible copies of your license(s) for appointment processing:

SECTION 4: Authorization To Collect And Disclose Information: I authorize the company to obtain or have prepared an investigative consumer report as defined under the Fair Credit Reporting Act and as described in the Notice given to me. I elect to be interviewed if an investigative consumer report is prepared in connection with the application. I understand that consumer reporting agencies may disclose the information collected only as set forth in the contract with a member company or organization. I acknowledge that I have received and carefully read the Fair Credit Reporting Act Notice in Section 5.

X

SIGNATURE OF APPLICANT _____ *DATE* _____

List your residence address for the past five years other than that which is listed in Section 1 B:

From (Mo/Yr) to (Mo/Yr) Address City, State, Zip Phone No.

The insurance departments of various states require companies to investigate the competence, character, and financial background of agents. **If the answer to any of the following questions is "yes", please give full details under explanation. Use additional paper if needed.**

		YES	NO
1.	Do you have outstanding debt(s) with any insurance companies?		
2.	Do you currently have any outstanding and/or unsatisfied judgements or liens against you?		
3.	Have you ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business?		
4.	Have you ever been charged with, been convicted of, or pleaded "nolo contendere" (no contest) to: a. any crime, whether a felony or misdemeanor, involving fraud, dishonesty, misrepresentation, mishandling of money (such as larceny, embezzlement, conversion, etc.)? b. any violation of a state insurance department regulation or statute?		
5.	Are you or your firm and/or your partner(s) or other principal(s) currently a party to any litigation or arbitration involving you or your firm's business activities?		
6.	Have you ever been the subject of an investment or insurance-related consumer-initiated complaint or proceeding?		
7.	Have you ever had an insurance license denied or revoked by any state or federal regulatory agency?		
8.	Are you the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above?		

EXPLANATION: _____

SECTION 5: FAIR CREDIT REPORTING ACT NOTICE

When the Company begins to process your application, it may ask for a consumer report from an independent Consumer Reporting Agency (CRA). All or part of that report may be an "investigative consumer report" as defined by the Federal Fair Credit Reporting Act ("ACT").

The Company may use the report to confirm or supplement information on your application, including but not limited to your residential address, occupation, marital status, character, mode of living (except as may be directly or indirectly related to sexual orientation), economic status, reputation and driving record. The report may also include information about drug and alcohol use and criminal history and may be based on interviews with your friends, neighbors or associates, as well as a review of motor vehicle, business and court records.

You may formally request to be interviewed by the CRA in connection with the preparation of the report by placing a check mark in the box contained in Section 4 of this application.

The CRA may keep a copy of the report, and may disclose its contents to other users for whom they perform similar services, to the extent permitted by the Act. The Company may request later consumer reports, all or part of which may be investigative consumer reports, at a future renewal of your application.

Upon your written request, the Company will provide a written disclosure detailing the nature and scope of the investigation which has been or will be performed, along with the name, address and telephone number of the CRA which is preparing the report. This disclosure will be provided to you within 5 business days of the date your request is received by the Company, or from the date the actual report is requested by the Company, whichever is later. You are entitled to contact the CRA that prepared the report to obtain additional information about your rights under the ACT.



**GAC NATIONAL MARKETING DIVISION
VBA REPRESENTATIVE PERSONAL DATA FORM**

NAME: _____ SOCIAL SEC. NO. _____

DATE OF BIRTH: _____

BUSINESS NAME & ADDRESS:

RESIDENCE ADDRESS:

County: _____

County: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email Address: _____

Place of Birth: _____

Commissions to be paid to: _____ Tax ID if Corp.: _____

Please answer the following question in connection with your request to represent Value Benefits of America.

1. Have you ever been convicted of a violation of law, other than minor traffic violations? _____
(If yes, please explain)

X _____
Signature

Date

Recruited By (Print Name)

GAC NATIONAL MARKETING DIVISION

AGENT AGREEMENT

This Agreement is made by and between General Agent Center, in California, General Agent Insurance Center, ("GAC") and the Independent Producer ("Agent") whose signature appears on the reverse side and / or on any and all areas of this Agreement.

IN CONSIDERATION of the mutual promises and covenants set forth below, the parties hereby agree as follows:

- (1) GAC shall pay to Agent commissions as provided for in the commission schedule hereof as complete compensation for all applications procured and for all services performed by or required of Agent hereunder. If GAC is limited on commissions, Agent shall be so limited. For each policy which Agent fails to deliver as required, Agent shall pay to GAC, upon demand, actual damages, losses, costs or expenses incurred as a result of the failure to adhere to such requirements.
- (2) Agent shall not solicit applications for any insurance unless Agent is properly licensed. Agent must maintain Errors and Omissions insurance personally. Agent must provide GAC with a copy of such coverage.
- (3) No commissions shall be payable on any policy not accepted by the applicant or on any application declined by the insurance company to whom it is submitted. If GAC is charged back on any case, Agent shall also be charged back. In the event that Agent incurs indebtedness to GAC or affiliates, GAC may offset against, and deduct from, any compensation due Agent and such indebtedness shall be a first lien against all such compensation.
- (4) Agent agrees to refrain from using advertising or any other material not supplied or approved in writing by GAC.
- (5) No forbearance or neglect by GAC to enforce any of the provisions of this Agreement shall invalidate it or thereafter constitute a waiver of any of these provisions or provisions of "Request For Appointment."
- (6) This Agreement shall terminate automatically upon the death or total and permanent disability of Agent. In the event of death or total and permanent disability, commissions earned on policies still in force will be paid to the estate of Agent or to any other party designated by Agent. Either party may terminate this Agreement upon fifteen (15) days prior written notice to the other party's last known address; or GAC may terminate this Agreement immediately for cause upon written notice to Agent at Agent's last known address. Cause is defined to mean: (a) fraud or breach of any of the terms of this Agreement, (b) failure to pay GAC any monies as herein required, (c) violation of any laws or rules regulating insurance, (d) any illegal act or (e) offering products not specifically authorized by GAC to individuals with whom Agent is given response or leads by GAC. If this Agreement is terminated for cause, Agent shall not be entitled to any further commissions of any kind.
- (7) Agent agrees that in the event Agent's license or appointment terminates, Agent shall pay GAC, promptly and without necessity of formal demand, any and all funds which may be, or become, owing by Agent to GAC, including but not limited to, commissions advanced to Agent but not earned. Any such unpaid indebtedness shall be a first lien on any commissions which are due, or may become due; Agent and GAC may offset such indebtedness against such commissions. Agent further agrees if any such indebtedness shall remain unpaid for more than thirty (30) days after the date of written demand by GAC for payment, Agent shall pay, in addition to such indebtedness, interest thereon from the date of such demand, an account administrative charge of fifteen percent (15%) of the indebtedness and all collection fees. Interest on any unpaid balance shall be 1% per month.
- (8) Any unpaid or uncollectible indebtedness shall be a first lien on any commissions which are due, or may become due; Agent and GAC may offset such indebtedness against such commissions. Agent further agrees if any such indebtedness shall remain unpaid for more than thirty (30) days after the date of written demand by GAC for payment, Agent shall pay, in addition to such indebtedness, interest thereon from the date of such demand, an account administrative charge of fifteen percent (15%) of the indebtedness and all collection fees. Interest on any unpaid balance shall be 1% per month. No assignment of this Agreement or any compensation hereunder shall be valid without prior written consent of GAC.
- (9) Upon termination of this Agreement, Agent shall return all leads, books, literature, applications, training materials, records, forms, documents and all other pertaining materials. Service fees are subject to any production requirement in Agreement and are non-vested after termination of contract.
- (10) Nothing contained herein shall be construed to create the relationship of employer and employee or a partnership between GAC and Agent or between Agent and any company represented by GAC. Agent shall be responsible for the payment of all taxes, fees and levies which are imposed on Agent for the privilege of doing business. Agent shall be free to exercise Agent's own judgment as to the persons solicited and the time and place of such solicitation.
- (11) For two (2) years after the termination of this Agreement, Agent agrees not to influence or attempt to influence any employee, producer or policyholder to terminate employment or any contract represented by GAC. Should Agent engage in any acts prohibited by law or this Agreement, Agent shall forfeit any commissions to which Agent may be or become entitled to hereunder. Since the amount of damages would be difficult or impossible to prove, in the event of any such act by Agent, it is agreed that GAC would be entitled to declaratory and injunctive relief against Agent and damages in the sum of \$1,000 for each act. GAC does not waive the right to pursue injunctive relief, damages, costs, attorneys' fees and any other relief, either equitable or legal, against Agent in the occurrence of any of these events.
- (12) Agent hereby agrees that the ledger accounts of GAC shall be competent and sufficient prima facie evidence of the state of accounts between the parties hereto and the failure of Agent to object in writing to any statement of account furnished by GAC to Agent, within thirty (30) days from the date such statement is furnished, shall render such statement a correct account as between GAC and Agent.
- (13) If any provision of this Agreement is declared or found to be unenforceable or void pursuant to the law, rules or regulations of any applicable jurisdiction, all other provisions shall remain in full force and effect.
- (14) If Agent is a corporate entity, the persons executing this Agreement as officers of said corporation hereby agree and undertake the personal guarantee and satisfaction of all duties, performances and all obligations, including monies owed to GAC by such corporation, under this Agreement. Agent further agrees to provide all corporate information and documents requested by GAC and to provide to GAC immediate notice of any change in the officers or change in stock ownership of the corporation.
- (15) Agent hereby agrees that General Agent Center, Value Benefits of America or any affiliate entity can contact Agent by telephone, facsimile, auto-dialer, email or any other form of technology that becomes available.

GAC NATIONAL MARKETING DIVISION

(16) Indemnification. Agent shall indemnify, defend, and hold harmless GAC from and against any and all damages, claims, liabilities, judgments, awards, penalties, fines, and expenses, including but not limited to reasonable attorneys' fees, court costs, punitive damages, and exemplary damages, resulting from or arising out of (1) Agent's material breach of any term, representation, warranty, or covenant set forth in this Agreement, including but not limited to a material breach of any representation, warranty, or covenant made by Agent to the GAC with respect to all Agent Parties, (2) any act, error, omission committed by any of the Agent Parties or their respective agents or employees and causing loss to a third party in connection with Program or the performance of any activities authorized by this Agreement, (3) any claim made against the GAC by any Agent or Agent's own employees for compensation payable with respect to the Business.

(17) Agent Agrees to all term and conditions set forth in General Agent Contract between General Agent Center/Marc K. Malin and The United States Life Insurance Company in the City of New York and each Affiliated Insurer made party to that Contract. For a copy of Terms and Conditions of General Agent Contract contact General Agent Center at 480-596-6536.

(18) This Agreement shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.

Vesting – Net renewal commissions shall be paid so long as they total fifty dollars (\$50) in any month and Agent does not violate any provisions of this Agreement. This is the only interest Agent may have in the business after termination of this Agreement.

AGENT LEVEL

	<i>First Year</i>	<i>Renewal Years</i>
VBA 24 Hour Accident Coverage (1)	45%	10%
Value Med Plan (3)	30%	6% (2)
Value Care Plus Dental, UAC, UAS	30%	6% (2)
Value Health & Hospital Plans (Individual/List Bill) (3)	20%	10% (2)
Value Health & Hospital Plans (Guarantee Issue Group)	15%	15% (2)
Essential Dental Solutions	20%	10% (2)
Value ER Plan	20%	6%

Other products may be added or commissions adjusted on new business by addendum by GAC. The addendum will become part of your signed and approved Agreement.

(1) \$10,000 Accident Plan Option's commissions are 10% less first year only (2) Includes 4% service fee.
 (3) Commissions are 5% less first year for issue ages 63 & 64. (Does not apply to guarantee issue groups)

AGREEMENT & ADDENDUM ACCEPTED BY

X _____
 Producer's Signature Date

 Print Producer's Name (clearly)

 Recruited By (if applicable)

APPROVED BY GAC

By _____

Date

*Is 9-month loan advance requested on above plans sold on bank draft? Yes _____ No _____

(Advancing is a privilege and may be limited by qualifying factors. 25% of advance commissions are held in reserve until \$500 is accumulated for reserve. Maximum advance is \$500 per case. Any debits for any reason are to be paid immediately.)

X _____
 Producer's Signature

***Consumer notification** – This is used to inform you that a consumer report or an investigative report is being obtained from a consumer reporting agency for the purpose of evaluating you as a representative. This report may contain information bearing on your credit worthiness, credit rating, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may, also, have a right to request additional disclosures regarding the nature and scope of the investigation.

Mail or Fax your Completed Contract & a Copy of your Licenses to:
GAC National Marketing Division
24816 SR 54, Lutz, FL 33559
Phone 1-800-981-8258 ~ Fax 1-775-256-3023

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 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.

Social security number									
+	+	+	+	+	+	+	+	+	+

or

Employer identification number									
+	+	+	+	+	+	+	+	+	+

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



Agent Authorization Agreement for Automatic Deposits – EFT Credits

Producer Name: _____

**Producer FEIN/SSN: _____

*Producer E-mail Address: _____

*(For notification of funds availability)

** Commission earnings will be reported to the IRS under the FEIN (or SSN) of the license holder (as allowed under State licensing regulations).

Producer Signature: _____ Date: _____

I (we) hereby authorize **General Agent Center**, through **Home National Bank, Scottsdale**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) _____ Checking or _____ Savings (check one) account indicated below. I (we) also authorize my (our) depository named below, to debit and/or credit the same to such account.

Name(s) on Account: _____
(Please print)

Signing Authority: _____
(Please Print)

Bank/Credit Union Information: **(Please attach a voided check or savings account slip)**

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Authorized Account Signature: _____

**Authorization Form
for Release of File Copies
of Criminal History Records
for the State of Georgia/Mississippi**

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 specifically for, all agencies within, and the State of Georgia/Mississippi. This request/release is valid for one (1) year from this date hereon.

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: _____

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 I625.5.5

*This request for your date of birth does not indicate discrimination; and the request 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.