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 Loyal American Life Insurance Company Initial states you wish to be appointed in\*:\_\_\_\_\_ ☐ Cigna Health and Life Insurance Company ☐ Other(s)\_\_\_\_\_

\*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 I	NFORMATION							
	Full								
	Name	First		Middle			Last		
		DLICIES WILL BE MAILED D ducer Number	IRECTLY TO THE PO	LICY OWNER UNL			ECKED: 🗌 M/	AIL POLICIES TO A	
	Date of Birth	/				SSN			
	Residence Address								
		Street		City	State		County	Zi	ip
	Mailing								
	Address	Street		City	State		County	Zi	in
	Phone	511001	Fax	2	Mobile		2	Providing your cell/ number allows us to alerts	mobile
		pp 1st year annualized is						—	
	Other Supple	mental Products \$	. (For	amounts of \$250	0,000 or more subm	nit proof of	production	• with this applicat	tion).
II.		CENSE and COMMISSIO							
		t all information.		•	•		V		,
	Do vou curre	ntly have E & O Coverage	∏Yes ∏No	If "Yes." atta	ch declaration page	to applicat	ion		
	-	ving for an advance?						6 MO	
	Please Note: advance.	Only Med Supp policies	are eligible for a 1	2 or 15 month a	dvance. All other	products a	re eligible f	or a 9 month ma	iximum
	AGENCY/CO	RPORATE DATA (comple	ete only if you want t	to be appointed a	is an agency or corn	oration) C	ornoration n	nust he licensed i	n order to
		nission. Note: Both signa							
		orate Name:			Corp. Tax I.D. Numb	oer:			
	Mailing Address								
	Audress	Street		City	State		County	Zi	ip
	Phone		Fax			Email			
		ssions payable to:	-	oration					
I her (her	eby authorize einafter "Bank	tomatic Draft Agreeme the Company to deposit a ") noted on this form. I	ny amounts advanc authorize the banl	k to accept and	to credit these ent	ries to my	account. In	n the event the C	Company
		ts funds into my account							
		<b>nitiate electronic debit</b> <b>pp Benefits</b> "). This auth							
		uch time and manner as t						written notice ne	
Ag	t. Name:		Agent No.:	-		Checkir	ng 🗌 Sav	rings	
Ba	nk Name:		Routing No.	:		Acct. No	D.:		
Assi	gnment of Cor	nmissions (if applicable			to be paid to anothe			than the applican	nt.
Fo	r the value rece	ived, I	(assign	or) of the city of				, State of	
Do	hereby assign,	transfer and set over to :		(a	ssignee)			<b>(</b> T)	IN or SSN)
wit	th address of								
Its s	uccessors and a	assigns, my rights, title an							
		certify there is no previou							
		y me to any other person o trantee the validity of the			unst such commissi	ons outstar	iuing. I do fo	r inyself, my exec	utors or

## III. BACKGROUND INFORMATION

	ase answer all questions. <b>If you answer "Yes" to any of the questions, please explain in the area below or attach a</b> <b>arate sheet with details.</b> 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	Yes	No □

Explanation

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 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 and I am not subject to backup withholding by the Internal Revenue Service.

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

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

**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 .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. BIG's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.big report.com (link at bottom of page entitled, "Legal/Privacy").

Signature of individual requesting to be contracted with the Company as an Associate	Date

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
Print or type Specific Instructions on page 2.	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:         ☐ Individual/sole proprietor or       ☐ C Corporation       ☐ S Corporation       ☐ Partnership single-member LLC         ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.         ☐ Other (see instructions) ►	4 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) (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)
See <b>S</b>	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Dar	Taxpayor Identification Number (TIN)		

rante raxpayer dentification rumber (rint)									
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	So	cial s	secur	ity n	numb	ber			
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 <i>How to get a TIN</i> on page 3.	or			-			-		
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for		Employer identification number							
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. citizen or other U.S. person (defined below); and

4. 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.

Sign Here	Signature of U.S. person ►	Date >
Gene	ral Instructions	Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
Section re	ferences are to the Internal Revenue Code unless otherwise noted.	Form 1099-C (canceled debt)
	velopments. Information about developments affecting Form W-9 (such ion enacted after we release it) is at <i>www.irs.gov/fw9</i> .	Form 1099-A (acquisition or abandonment of secured property)
U U	se of Form	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
	ual or entity (Form W-9 requester) who is required to file an information the IRS must obtain your correct taxpayer identification number (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.
which may	be your social security number (SSN), individual taxpayer identification	By signing the filled-out form, you:
identification	FIN), adoption taxpayer identification number (ATIN), or employer on number (EIN), to report on an information return the amount paid to ner amount reportable on an information return. Examples of information	<ol> <li>Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li> </ol>
	slude, but are not limited to, the following:	2. Certify that you are not subject to backup withholding, or
• Form 10	99-INT (interest earned or paid)	3. Claim exemption from backup withholding if you are a U.S. exempt payee. If
• Form 10	99-DIV (dividends, including those from stocks or mutual funds)	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
• Form 10	99-MISC (various types of income, prizes, awards, or gross proceeds)	withholding tax on foreign partners' share of effectively connected income, and
Form 10 brokers)	99-B (stock or mutual fund sales and certain other transactions by	4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on
• Form 10	99-S (proceeds from real estate transactions)	page 2 for further information.
• Form 10	99-K (merchant card and third party network transactions)	

## CIGNA SUPPLEMENTAL BENEFITS STATE APPOINTMENT FEE CHART

State appointment fees are required when the agent is appointed with the insurance company. Separate fees are required for each insurance company you will represent. Payment of the appointment fees will be collected for each state through an automatic debit from your bank account listed on your contract. Your state appointment fees will be automatically deducted from your checking or savings account with a description of "Supp Benefits."

ST	STATE	Resident Appointment Fee Non-Resident Appointment Fee
AL	ALABAMA	\$30.00 EACH
AK	ALASKA	No Fee
AZ	ARIZONA	No Fee
AR	ARKANSAS	No Fee (SIC pays \$20.00)
CA	CALIFORNIA	\$29.00 EACH
CO	COLORADO	No Fee
СТ	CONNECTICUT	\$20.00
DC	DISTRICT OF COLUMBIA	\$25.00 EACH
DE	DELAWARE	\$25.00 EACH
FL	FLORIDA	\$60.00 EACH \$60.00 + \$6.00/county EACH
GA	GEORGIA	\$10.00 EACH
HI	HAWAII	No Fee
ID	IDAHO	No Fee
IL	ILLINOIS	No Fee
IN	INDIANA	No Fee
IA	IOWA	\$15.00 EACH
KS	KANSAS	\$5.00 EACH
KY	KENTUCKY	Agent \$40.00 EACH; Agent \$50.00 EACH
		Agency \$100.00 EACH; Agency \$120.00 EACH
LA	LOUISIANA	\$20.00 EACH
ME	MAINE	\$30.00 EACH \$70.00 EACH
MD	MARYLAND	No Fee
MA	MASSACHUSETTS	\$75.00 EACH
MI	MICHIGAN	\$5.00 EACH
MN	MINNESOTA	\$30.00 EACH
MS	MISSISSIPPI	\$25.00 EACH
МО	MISSOURI	No Fee
MT	MONTANA	No Fee
NE	NEBRASKA	\$15.00 EACH
NV	NEVADA	\$15.00 EACH
NH	NEW HAMPSHIRE	\$25.00 EACH
NJ	NEW JERSEY	\$25.00 EACH
NM	NEW MEXICO	\$20.00 EACH (per L&H, per variable, etc)
NY	NEW YORK	No Fee
NC	N CAROLINA	L = \$10, H = \$10, Med Supp = \$10
ND	N DAKOTA	\$10.00 EACH
OH	OHIO	Life= \$15.00, Accident & Health = \$15.00
OK	OKLAHOMA	\$30.00 EACH
OR	OREGON	No Fee
PA	PENNSYLVANIA	\$15.00 EACH
PR	PUERTO RICO	No Fee
RI	RHODE ISLAND	No Fee
SC	S CAROLINA	No Fee (SIC pays \$40.00)
SD	S DAKOTA	\$10.00 EACH \$20.00 EACH
TN	TENNESSEE	\$15.00 EACH
TX	TEXAS	\$10.00 EACH
UT	UTAH	No Fee
VI	VIRGIN ISLANDS	\$20.00 EACH
VT	VERMONT	\$60.00 EACH
VA	VIRGINIA	\$10.00 EACH
WA	WASHINGTON	\$10.00 EACH
WV	W VIRGINIA	\$25.00 EACH
	WISCONSIN	\$16.00 \$40.00
WI		