



# Application To Sell Value Med Plan

Guaranteed Trust Life Insurance Company (GTL)  
1275 Milwaukee Ave | Glenview, IL 60025  
(For states not listed under UNL)

United National Life Insurance Company of America (UNL)  
1275 Milwaukee Ave | Glenview, IL 60025  
(AR-ID-IL-KS-MO-NE-NV-NM-ND-OK-SD-TX-UT-WV)

## Contract / Appointment Application

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. Spouse's Full Name \_\_\_\_\_
4. Home Address \_\_\_\_\_
5. Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_
6. Business Address \_\_\_\_\_ FAX # \_\_\_\_\_
7. Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

### CORPORATE INFORMATION

8. Company Name \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Company Insurance License # \_\_\_\_\_ (Copy Required)

### LICENSING INFORMATION: All Agents must submit a copy of current license(s) (Resident & Non-Resident)

9. Type of License:  Life  A & H  Broker
10. Have you ever been licensed with UNL or GTL?  No  Yes Prior Code # \_\_\_\_\_

### BACKGROUND INFORMATION

11. Have you ever been investigated or fined by an Insurance Regulatory Authority?  Yes  No
12. Has your insurance license ever been suspended or revoked?  Yes  No
13. Have you ever pleaded guilty or "nolo contendere" to or been found guilty of a felony?  Yes  No
14. Have you ever had a bond canceled or declined?  Yes  No
15. 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 answered "Yes" to any of the above questions, please attach a detailed explanation.

### 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 **X** \_\_\_\_\_ Date \_\_\_\_\_

Recruited by \_\_\_\_\_ Date \_\_\_\_\_

### Value Med Plan

Exclusively Distributed By:



**GENERAL AGENT CENTER**  
15575 NORTH 79TH PLACE, STE 100  
SCOTTSDALE, AZ 85260  
TOLL FREE PHONE: 1-800-366-2467  
TOLL FREE FAX: 1-800-471-7996

# 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

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

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.



**GENERAL AGENT CENTER**

**VBA REPRESENTATIVE PERSONAL DATA FORM**

*VBA 24 HOUR ACCIDENT, VALUE ER, ESSENTIAL DENTAL. VALUE ACCESS GUARANTEE*

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)

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**15575 NORTH 79TH PLACE, STE 100**  
**SCOTTSDALE, AZ 85260**  
**TOLL FREE PHONE: 1-800-366-2467**  
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## 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>	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.

**Note.** *If the account is in more than one name, see 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:

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.)

<b>Sign Here</b>	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: \_\_\_\_\_

**ATTACH VOIDED  
CHECK HERE**

**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.