

## New Agent On-Boarding Page

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ NPN: \_\_\_\_\_

YOUR AGENCY OR UPLINE: \_\_\_\_\_ TIN: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### STATE APPOINTMENT REQUESTS:

AK  AZ  AR  CA  FL  GA  ID  IL  IN  IA  KS  ME  MD  
 MI  MN  MS  MO  MT  NV  NH  NM  NC  OH  OR  PA  SD  
 TX  UT  VA  WA  WI  WY OTHER: \_\_\_\_\_

### CHECKLIST ITEMS:

E&O CERTIFICATE  PRODUCER LICENSE(S) FOR EACH STATE  AHIP CERTIFICATE (MA/PDP)

**CARRIER CONTRACT REQUESTS** (please write 'assistance' for Carrier availability in your area):

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# MEDICAL:

## MEDICARE ADVANTAGE & PART D

- Aetna – Silver Script
- Allwell - Centene
- Amerigroup - Anthem
- Asuris NW Health
- Health Alliance
- Health Net - Centene
- Humana
- Kaiser Foundation Health Plan of WA
- Molina Healthcare
- Premera Blue Cross
- Providence Health Plan
- Regence Blue Shield
- SCAN of California
- UnitedHealthcare - AARP
- WellCare - Centene

## MEDICARE SUPPLEMENT (MEDIGAP)

- AARP - UnitedHealthcare
- Asuris NW Health
- GTL (Idaho & Utah)
- Humana
- Loyal American - CIGNA

- Mutual of Omaha
- Premera Blue Cross
- Regence Blue Shield
- TransAmerica (Idaho & Utah)
- United American

## INDIVIDUAL & FAMILY

- Ambetter by Coordinated Care
- Asuris NW Health
- Bridgespan
- Kaiser Foundation Health Plan of WA (formerly Group Health Cooperative)
- Kaiser Foundation Health Plan of the NW (*Oregon and Southern WA*)
- Molina Marketplace
- Premera Blue Cross - Lifewise
- Regence Blue Shield

## DENTAL

- Delta Dental

## VISION

- VSP

## SHORT TERM MEDICAL

- LifeMap
- National General (excludes WA)

# LIFE:

## ANNUITIES

- American Equity
- Atlantic Coastal Life
- Fidelity & Guaranty
- Global Atlantic (forethought)
- Great American
- GILICO/Annuicare
- Jackson National
- Reliance Standard
- Security Benefit
- Sentinel Security

## LIFE

- AIG
- Banner
- Gerber – *Guarantee Issue*
- Lincoln Financial
- MetLife
- Mutual/United of Omaha
- National Life Group
- North American
- Sagicor

## FINAL EXPENSE

- AIG
- Gerber
- United of Omaha (Living Promise)
- Oxford

## CRITICAL ILLNESS/HOSPITAL INDEMNITY

- GTL
- National General

## LONG TERM CARE

- Genworth
- National Guardian Life
- Trans America
- Mutual of Omaha



**AMERICAN SENIOR RESOURCES, INC.  
AGENT AGREEMENT**

THIS AGREEMENT is by and between American Senior Resources, Inc. hereinafter "ASR" and \_\_\_\_\_ "the Agent".

**PREAMBLE:** With both the letter and spirit of this Agreement as a basis, both ASR and the Agent seek to establish an equitable and harmonious relationship that will enable the Agent and ASR to prosper and operate efficiently.

The spirit of this Agreement is one whereby ASR and The Agent will deal with each other honestly and fairly, while being consistent with sound business principles.

**Recitations.**

**Status of ASR.** ASR is a Washington for Profit Corporation authorized in Washington to do business as an insurance agent.

**Status of Agent.** The Agent is an independent contractor, duly licensed as an insurance Agent in the state(s) of \_\_\_\_\_.

**Relationship.** Nothing contained in this agreement creates, is intended to create or shall be construed to create the relationship of employer and employee between ASR and the Agent. The Agent is and at all times is intended by both ASR and the Agent to be an independent contractor and to operate as such, subject to the terms and conditions contained in this Agreement.

**General Powers and Duties of the Agent.**

**Advertising.** The Agent will not use the name or trademark of ASR or any Contracting Insurer in any advertising without the prior written approval of ASR and/or the Insurer.

**Representation.** The Agent will not represent itself to the public as a representative of any Contracting insurer, but only as an independent Agent of ASR.

**Limit of Authority.** The Agent is not authorized to:  
Extend credit, (2) Alter, waive, or modify any of the terms, conditions or limitations of any policy issued, (3) Contract for insurance by verbal agreement, (4) Contract for insurance by means other than by authorized policy forms according to the underwriting rules and regulations of ASR or any Contracting Insurer, or (5) Incur indebtedness on behalf of ASR.

Delivery of Policies. All policies shall be delivered or mailed to the policyholder by the Agent within ten (10) days after receipt from the Contracting Insurer, unless mailed directly to the policyholder by the Contracting Insurer.

Professional Liability Insurance. The Agent shall maintain professional liability insurance (E&O) and annually provide ASR with proof of such insurance. Such policy shall have a limit of at least \$1,000,000 per claim and aggregate.

Competition. The Agent agrees that from the effective date of this agreement and for a period of five years following termination of this agreement to refrain from competitively marketing insurance products or marketing opportunities to ASR existing agents or employees. In the event of a violation of this provision, the Agent shall forfeit all renewal commissions and agrees to repay ASR all commissions received regarding any ASR related business. The Agent also agrees to pay any and all legal costs related to ASR recovery of said business.

Confidentiality of Information. The Agent shall not release to anyone either during the term of this agreement or thereafter, any confidential, sensitive, or privileged information such as 'PHI' and anything subject to CMS guidelines and HIPAA laws, to which access has been accorded by ASR. Confidential, sensitive or privileged information includes, but is not limited to:

- A. Protected Health Information 'PHI' such as medical records, identification numbers, case histories, and patient diagnoses.
- B. Patient accounting, billing, and payroll reports.
- C. Unpublished financial information concerning subscriber and group accounts, providers of service, ASR, or any Contracting Insurer.
- D. Materials, techniques, and documents regarding operating systems or procedures.
- E. Data indicating utilization of benefits by identified individuals.

The Agent will also not use any information as described herein for any purpose other than the services provided under this agreement.

Application Processing: Agent is required to send all enrollments and supporting paperwork to ASR / Insurer for processing according to ASR and Insurer guidelines. Typically, Insurer requires receipt of enrollment application within 24 hours of Agent receipt. ASR and Agent are responsible for ensuring Agent applications are in compliance with Insurer and CMS submission standards. Agent must submit application same day to ASR / Insurer via fax, SECURE email, electronic application or drop-off at our office location.

### **General Powers and Duties of ASR.**

Commissions. ASR and Insurer shall ensure that the compensation methodology and the compensation amounts to be paid to the Agent (or their designee) comply at all times with CMS requirements and applicable federal laws and regulations. Commissions and renewals will continue to be paid to Agent (or their designee) for the life of the policy so long as allowed under applicable law. ASR will receive commissions and overrides in accordance with Exhibit A, which is herein attached and incorporated as part of this agreement. If applicable, Agent agrees to timely pay sub-agent commissions in a timely manner after receiving said commissions from ASR.

Changes in Commissions. ASR reserves the right to change the commission schedule at any time with written notice to the Agent within a reasonable time after the effective date of the change. Such change will not affect the commission on policies applied for before the effective date of the change.

**Legal Proceedings.**

Approval. The Agent shall not institute legal proceedings in the name of ASR for any cause unless ASR shall approve such action in advance, in writing.

Notice of claim. Each party shall promptly notify the other in writing of any claim, suit, action, or proceeding of which it has knowledge and which could involve or affect that other party.

Hold Harmless. The Agent shall hold ASR harmless and indemnify it from any and all claims liability, loss, damage or expense caused by the Agent's failure to abide by this agreement. The Agent shall reimburse ASR for any expenses it may incur in enforcing Agents obligations hereunder, including but not limited to court costs and attorney's fees.

**General Provisions.**

Notice. Notice under this agreement shall be in writing and shall be deemed duly delivered only if delivered in person or by mail as follows:

To ASR:

American Senior Resources Inc.  
1624 Broadway  
Everett, WA 98201

To the Agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change of address. The Agent agrees to send ASR written notice ten days in advance of any address change. Upon failure of the Agent to notify Plan of such address change, ASR may terminate this agreement in accordance with paragraph E.6 below, any commissions not claimed within one year of termination of this agreement will be forfeited.

Illegality. The Agent shall not violate any of the laws or regulations relating to insurance and for such violation this agreement may 'terminate at ASR' option immediately and without notice.

Dishonesty or Fraud. This agreement, together with any and all riders and supplements, shall terminate immediately, without notice, for any act of dishonesty or fraud. Upon the occurrence of such event, either before or after termination of this agreement, all of the Agent's rights under this contract, including its rights to any commissions to which it might otherwise have become entitled, shall cease.

Term. This agreement is for a term of indefinite duration, and will continue unless terminated pursuant to this agreement.

Termination. ASR may immediately terminate this agreement with or without cause, by sending to the Agent a notice in writing to that effect. In addition, all debts for premiums, advancements, loans, expenditures, or payments made by ASR and its Contracting Insurers on behalf of, or to the Agent, shall become payable and the Agent agrees to pay within 30 days of notice to terminate this agreement. Either ASR or the Contracting Insurers shall have the right to impose a lien for such debts, advancements, loans, expenditures or payments, and may offset the same against any and all commissions, renewal commissions or other compensation which may be or become due the Agent.

Indebtedness. ASR may offset against any compensation due to the Agent under this agreement any monetary amounts now or subsequently due from the Agent to ASR. These amounts shall be a first lien against the compensation due to the Agent under this agreement, prior to any assignment or other agreement the Agent might enter.

Waiver. The failure of either party to enforce any provision of this agreement shall not constitute a waiver of its right to subsequently enforce any such provision.

Integration. This agreement, together with Exhibit A, constitutes the entire understanding between the parties and supersedes any prior agreements, however any commission due or to become due under previous agreement shall not be affected.

Headings. Headings used in this agreement are for reference purposes only and shall not be deemed a part of this agreement.

Subcontracts. The Agent will not subcontract or share commissions with any other Agent, Agency, or person for the services required under this agreement without prior written approval by ASR.

Modification. Any modification to this agreement, other than changes in override as explained above, must be in writing and signed by both parties.

Severability. If any provision of this agreement or application of any such provision shall be held to be illegal, invalid or unenforceable, the remaining provisions of the agreement should continue in full force and effect.

Governing Law and Venue. This agreement shall be governed by and construed in accordance with the laws of the state of Washington. Venue shall be in Snohomish County, Washington.

Execution. In witness whereof, the parties hereto have executed this agreement to be effective this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**American Senior Resources, Inc.**

**Agent:**

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Jerald J. Lyons, Jr.  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

President  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

(425) 512-8000  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone



EXHIBIT A

COMPENSATION AGREEMENT

Effective \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicare Advantage, Medicare Supplement, stand-alone Prescription Drug, and Major Medical products will be paid according to the Insurer's Agent compensation schedules. ASR will pay the writing Agent 100% of the gross first year & renewal commissions. If any of said products do not support an administrative fee to ASR, then the Agent will be paid 90% of the gross first year & renewal commission.

Life and Annuity products will be paid according to the Insurer's Agent compensation schedules.

Long term care products will be paid according to the Insurer's Agent compensation schedules.

Ancillary products will be paid according to the Insurer's Agent compensation schedules. If any of said products do not support an administrative fee to ASR, then the Agent will be paid 90% of the gross first year & renewal commission.

Special and varying contracts and or terms may be added or deleted. These contracts can pay varying amounts depending upon varying circumstances. All changes must be mutually agreed upon by both parties in writing.

American Senior Resources, Inc. Agent: \_\_\_\_\_

X *Jerry Lyons Jr.* Signature X \_\_\_\_\_ Signature

X Jerald J. Lyons, Jr. Print Name X \_\_\_\_\_ Print Name

X \_\_\_\_\_ Signature Date X \_\_\_\_\_ Signature Date

Initial: X \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

C Corporation

S Corporation

Partnership

Trust/estate

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.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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-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, later.*

Agent Direct Deposit Authorization

**Instructions**

This document must be signed by Agents requesting automatic deposit of paychecks and retained on file by ASR. Agents must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

**Account 1**

Account 1 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

*attach a voided check for each account here*

**Authorization** (enter your company name in the blank space below)

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Last 4 of TIN: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_