

Agent Name _____ SSN _____

GA's Name _____ GA Agent Number _____

MGA's Name _____ MGA Number _____

List the states in which you are requesting appointment for this applicant. Note: A legible copy of each state insurance license must be attached for each state. Fees associated with these appointments will be charged to the GA's commission account where permitted.

SELECT HOW AGENT IS TO BE PAID – Selection applies to ALL product lines.

- MGA or GA pays Writing Agent** No Company Contract – don't complete Time Insurance Producer Sales Agreement
 Check box to request Writing Agent Accounting and complete schedule options below.
- Company Contract Check Through MGA** Must complete **Time Insurance Company Producer Sales Agreement, Form 25671**
- Select mailing address to be used for mailing statements and checks directly to agent. This address must be specified on Agent's application. Resident Business
- Commission Statement Frequency Semi-Monthly Monthly
- Payment Frequency Weekly Semi-Monthly Monthly
- Electronic Funds Transfer is available by completing the EFT form (required for weekly payment).**

PRODUCT & COMPENSATION AUTHORIZATION - Select the products you are authorizing the Agent to sell by checking the appropriate box. You, the GA and MGA, must be authorized for the same products and be appointed in the same states where required by state law. Select the box which represents the desired commission schedule option for paid direct agents or if you requested writing agent accounting.

Individual Medical

Schedule Option	First Year	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> J
	Renewal	<input type="checkbox"/> K	<input type="checkbox"/> L	
Annualization	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate limit _____		

Only available if the GA & MGA are annualized and the agent is company paid.

ShortTerm & Student Select

Schedule Option	First Year	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> J
	Renewal(Student Select)	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> J

Small Group

Schedule Option	First Year	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> M
	Renewal	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L	

VoluntaryMart

Schedule Option

3 = Commission Level 1-3 based on production
 2 = Commission Level 1-2 based on production
 1 = Commission Level 1 only regardless of production

See producer chart for levels, rates and production requirements.

Commission Advance Yes No
 Only available if agent is company paid. **If Yes, signed VoluntaryMart Commission Advance Addendum must be attached.**

Compensation Type Non Level Compensation= 1st year higher, lower renewal
 Level Compensation = 1st year and renewal equal

Newly Authorized Special Compensation Yes No

A Writing Agent/Producer Appointment Application must be attached to process new agents/producers. I recommend appointing this agent per the above noted instructions.

GA Signature _____ Date _____

MGA Signature _____ Date _____