

GRIC Manager/Representative _____
 General Broker Name: _____ Tax ID Number: _____

Complete Name _____ I prefer to be called: _____

Name of Agency or Company _____

Business Street Address _____
 (Required for Supplies)

Business Mailing Address _____

City _____ County _____ State _____ ZIP _____

Phone (_____) _____ Fax (_____) _____ E-mail _____

Home Address _____

City _____ County _____ State _____ ZIP _____

Phone (_____) _____ Birth Date _____ Gender _____

Social Security No. _____ National Producer No. _____

Length of time in present community _____. If less than five years, please provide previous address(es) on the back of this form.

Please check the appropriate box.

- All commissions are to be paid to me.
- All commissions are to be paid to _____, _____
Agency, Company, or Name Tax ID #

Please check the appropriate box. (If YES, include details of who, what, when, dollar amounts, and steps to resolve on the back of this form.)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever had an appointment terminated by any insurance company or financial services institution (for reasons other than production)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you owe any debt or balance to any insurance company or financial services institution that has remained overdue for more than sixty (60) days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any state or federal agency ever denied, suspended, revoked, or taken any action against any fiduciary license held or applied for by you, or have you ever voluntarily submitted to any sanction or surrendered any fiduciary license under threat of suspension or revocation of that license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any state or federal self-regulatory body of any type (such as National Association of Securities Dealers) ever taken any disciplinary measures against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a claim filed against your Errors and Omissions Coverage, or has any bonding company ever denied, paid out on, or revoked a bond for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been the subject of any civil or administrative proceeding, including one initiated by a state department of insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any felony charges pending against you, or have you ever pled guilty or nolo contendere to or been convicted of a felony or a crime involving moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any unsatisfied liens (tax or otherwise) or judgments (civil or otherwise) against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been the subject of a bankruptcy petition or proceeding in the past seven (7) years? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide at least two professional/personal references (excluding family members) who may be contacted during regular business hours.

Name _____ City/State _____ Phone _____
 Name _____ City/State _____ Phone _____

I hereby represent that the answers and statements provided on this form are correct, complete, and wholly true to the best of my knowledge and belief. I authorize Golden Rule Insurance Company to obtain information concerning my character, general reputation, personal characteristics, credit history, mode of living, and other applicable data as part of the appointment and/or contract process with Golden Rule. I give permission for Golden Rule and anyone acting for them to direct advertising or promotional phone calls, faxes, and E-mails to the numbers and addresses listed above, as well as to any additional or substitute numbers and addresses I provide. This permission continues until specifically revoked by me in writing. A copy of the authorization is as valid as the original. This authorization will remain valid until I revoke it in writing sent to Golden Rule's Home Office.

Signature _____ Date _____

NOTE: No business may be solicited until all state licensing and Golden Rule appointment and/or contract requirements have been met, and you have been advised of that fact in writing by Golden Rule.

PROFILE INFORMATION

1. How many new permanent individual health applications did you personally write in the past 12 months with all companies combined -- excluding Short Term, Medigap, and Employer/Group policies? (Check one.)

- 0 1-3 4-7 8-11 12-20 21-50 51-100 101-200 201+

2. What type of permanent individual health plans do you personally write most often -- excluding Short Term, Medigap, and Employer/Group policies? (Check one.)

- Low Deductible Copay Plans** -- Plans with \$1,000 or lower deductible which include doctor office visit copays.
 High Deductible Copay Plans -- Plans with \$1,250 or higher deductible which include doctor office visit copays.
 Traditional Major Medical Plans -- Major medical plans that do not include doctor office visit copays.
 HSA Plans -- Plans that combine medical insurance with a tax-favored savings account.
 Hospital Surgical Plans -- Lower premium plans which primarily cover major hospital and surgical expenses.
 Other -- Please specify. _____

3. Please put the number **1** by the company you consider to be your primary source for your new permanent individual health applications and a number **2** by your secondary company. **Please mark 1 and 2 only.**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> American Community | <input type="checkbox"/> Continental General | <input type="checkbox"/> Kaiser (HMO) | <input type="checkbox"/> Unicare |
| <input type="checkbox"/> American Medical Security
(AMS) | <input type="checkbox"/> Empire/Zurich | <input type="checkbox"/> Medical Savings
Insurance (MSI) | <input type="checkbox"/> United American |
| <input type="checkbox"/> American National | <input type="checkbox"/> Fortis/Time | <input type="checkbox"/> Mega Life & Health | <input type="checkbox"/> United Healthcare |
| <input type="checkbox"/> American Republic | <input type="checkbox"/> Freedom Life | <input type="checkbox"/> (NASE) | <input type="checkbox"/> United Security |
| <input type="checkbox"/> Anthem | <input type="checkbox"/> Golden Rule | <input type="checkbox"/> Midwest Security | <input type="checkbox"/> Wisconsin Physician Service |
| <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> HMO | <input type="checkbox"/> Mutual of Omaha | <input type="checkbox"/> World |
| <input type="checkbox"/> Celtic | <input type="checkbox"/> Humana | <input type="checkbox"/> Pacific Life | <input type="checkbox"/> None |
| <input type="checkbox"/> Central Reserve Life | <input type="checkbox"/> IAC/Fidelity Security | <input type="checkbox"/> Other _____ | |
| | <input type="checkbox"/> John Alden | <input type="checkbox"/> Pekin | |

4. In the past 12 months, how many of the following products have you written?

- | Medicare Supplements | Short Term Medical Plans | Employee Small Group Health (2-50 emp) |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1-10 | <input type="checkbox"/> 1-10 | <input type="checkbox"/> 1-10 |
| <input type="checkbox"/> 11-50 | <input type="checkbox"/> 11-50 | <input type="checkbox"/> 11-50 |
| <input type="checkbox"/> 51+ | <input type="checkbox"/> 51+ | <input type="checkbox"/> 51+ |

5. How many new permanent individual health applications do you personally plan to write in the next 12 months with all companies combined -- excluding Short Term, Medigap, and Employer/Group policies? (Check one.)

- 0 1-3 4-7 8-11 12-20 21-50 51-100 101-200 201+

PERSONAL DATA DETAILS (attach additional sheet if necessary):
