



# CONTRACTING MADE EASY

As a special service to our valued agents, GOLDENCARE USA will take all necessary steps to get you contracted with as many carriers as you wish and arrange to have your commissions deposited directly into your checking or savings account.

Simply choose the Commission Option that works best for you, then complete the Agent Data Sheet & Background Information Questionnaire. (Be sure to provide your signature in the CENTER of the box on the Required Signature page.) If you wish the convenience of direct deposit, complete the easy form and send along a voided check.

**To expedite processing, we must receive a copy of your agent license(s) as soon as possible.**

**You may fax all of the above to 866-863-8608 or mail to:**

GOLDENCARE USA  
10700 County Road 15  
Plymouth, MN 55441

As you will see on the Agent Data Sheet, many carriers require Errors & Omissions coverage. E & O coverage is a worthwhile investment, considering the affordable premium vs. the high levels of liability the policy covers. You'll be glad to know that if you enroll in the 2010/2011 E & O plan, and submit three applications written between April 1, 2010 and March 31, 2011, you will receive a \$125 discount on your 2011/2012 enrollment. It's never too late to enroll. Coverage is pro-rated for the period you are covered.

For details or an E&O enrollment form,  
call us at 800-842-7799

You may also visit our agent website at [www.goldencareagent.com](http://www.goldencareagent.com) and click on Errors & Omissions. And while you're on our website, check out the many services and programs we offer.

Your Success Is Our Priority  
It's A Pleasure To Be Of Service To You



**AGENT DATA SHEET FOR BROKERS**  
**Fax completed forms and agent license(s) to: 866-863-8608**  
 or Mail to GOLDENCARE USA  
 10700 County Rd 15 - Plymouth, MN 55441  
 For Assistance, Call 800-842-7799  
 www.goldencareagent.com

TO OBTAIN CE CREDIT, PLEASE ANSWER ALL QUESTIONS BELOW

Agent's Full Name (as it appears on State License) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Resident License - State and License Number **(Provide copy of license)** \_\_\_\_\_

Non-Res License - State(s) and License Number(s) **(Provide copy of license(s))** \_\_\_\_\_

E-Mail Address (required) \_\_\_\_\_

Date You Attended GOLDENCARE Workshop (if applicable) \_\_\_\_\_

Check type of contract you are requesting:     Individual     Agency     Licensed Only

If Agency, provide Agency name and copy of agency license \_\_\_\_\_

Agent's Title Within Agency and Tax ID (if applicable) \_\_\_\_\_

Designated Beneficiary and Relationship \_\_\_\_\_

Are you a U.S. Citizen?     Yes     No

Residence Address - Number of Years at this address? \_\_\_\_\_ (Prudential requires details if less than seven yrs.)

Street (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_

Business Address - Street (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Name of Upline Manager (if applicable) \_\_\_\_\_

**CHECK CARRIER(S) TO BE CONTRACTED WITH**

**E&O REQUIREMENTS**

**CURRENT E&O INFORMATION (Provide copy of contract)**

**LTC ONLY**

- United of Omaha.....\$1,000,000
- Mutual of Omaha.....\$1,000,000
- Prudential.....\$1,000,000 (provide proof of coverage)
- MedAmerica.....\$500,000 (provide proof of coverage)
- Genworth.....None
- John Hancock.....None
- MetLife.....None
- United Security Assurance/Colonial Penn...None

Coverage Provided By \_\_\_\_\_

Policy No. \_\_\_\_\_

Amount of Coverage \_\_\_\_\_  
(per occurrence)

Total Amount of Coverage \_\_\_\_\_  
(Aggregate)

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

**MED SUPP ONLY**

- United of Omaha       United World
- Mutual of Omaha       Other

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_



# UNITED OF OMAHA LONG-TERM CARE INSURANCE

## Commission Options for United LTCi Solutions

CASH-FIRST, ASSURED SOLUTIONS GOLD AND WORKPLACE SOLUTIONS  
Available exclusively through GOLDENCARE USA

GOLDENCARE USA values your relationship with us and is pleased to offer you a choice of commission options. We are confident you will find great success with our new products which combine the best of two worlds -CASH Benefits and Reimbursement Benefits - all in a one competitively priced policy. Simply check the box of the Option that best fits your needs and mail or fax this form to GOLDENCARE USA along with your completed Agent Data Sheet, Background Information Questionnaire, Signature Authorization, and a copy of your license.  
(If no box is checked, we will pay commissions as listed in Option 4)

Option 1  
**"STANDARD"**

AGES	1ST YR	YRS. 2-10	YRS. 11+
18-79	60%	8.5%	3.5%

Option 2 - Tiered

AGES	1ST YR	YRS. 2-10	YRS. 11+
18-54	75%	7.5%	2%
55-59	70%	7.5%	2%
60-64	65%	7.5%	2%
65-69	60%	7.5%	2%
70-79	55%	7.5%	2%

Option 3 - Tiered  
**"SUPER HEAPED"**

AGES	1ST YR	YRS. 2-10	YRS. 11+
18-54	100%	2%	2%
55-59	95%	2%	2%
60-64	90%	2%	2%
65-69	85%	2%	2%
70-79	80%	2%	2%

Option 4 - Tiered  
**"LEVEL RENEWALS"**

AGES	1ST YR	YRS. 2-10	YRS. 11+
18-54	75%	6%	6%
55-59	70%	6%	6%
60-64	65%	6%	6%
65-69	60%	6%	6%
70-79	55%	6%	6%

**AGENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

Once we receive your Agent Data Sheet and Background Information, your agent number will be assigned along with confirmation of your compensation arrangement. You will also receive a complete Starter Kit, with everything you'll need to sell our new and exciting product line available **now** to GOLDENCARE USA agents in your state.



**GOLDENCARE**  
U S A

10700 County Road 15  
Plymouth, MN 55441  
Fax 866-863-8608

We welcome the opportunity to do business with you.

If you have any questions, please call 1-800-842-7799.

**BACKGROUND INFORMATION QUESTIONNAIRE** for (Agent Name) \_\_\_\_\_

Please Circle "YES" or "NO." If "YES" provide a detailed explanation on separate sheet with your name and signature.

- 1) Have you ever been charged, convicted, or plead no contest (nolo contendere) to any crime or are there criminal charges pending against you or a business with which you are connected? ..... YES NO
- 2) Have you had or do you currently have any outstanding collection accounts, judgments, liens, or garnishments against you or a business with which you were or are presently a principal?..... YES NO
- 3) Have you ever been a party to or have you personally violated any securities or commodities law or rule set by any securities or commodities regulatory body, organization, or employer in the commodities or insurance industry? ..... YES NO
- 4) Do you owe money to any insurance company, agency, manager, or broker dealer, or have any business or personal debts resulted in collections or charge-offs? ..... YES NO
- 5) Have you or a firm in which you were a partner, officer, or director filed for protection from creditors, been declared bankrupt or insolvent, been party to a bankruptcy or receivership proceeding, compromised liabilities with creditors, or had a direct payment procedure initiated under the Securities Investor Protection Act? ..... YES NO
- 6) Have you ever defaulted on a promissory note, or any other debt, including consumer or credit card debt? ... YES NO
- 7) Have you ever been bonded?..... YES NO
- 8) Are you currently bonded?..... YES NO
- 9) Has a bonding or surety company ever denied, refused, paid out on, canceled, revoked, or refused to continue a bond for you? ..... YES NO
- 10) Is there any reason you cannot secure a bond? ..... YES NO
- 11) Has any insurance department, securities broker-dealer, government agency, or self-regulatory authority ever denied, suspended, revoked, censured, barred your license (as an insurance agent, attorney, accountant, or federal contractor) or registration, disciplined you with fines, entered an order against you, restricted your activities, canceled any contract or appointment with you or any member, partner, officer, or controlling persons in your organization or is there any pending disciplinary action? ..... YES NO
- 12) Have you ever had a claim filed against your Professional Liability or Errors and Omissions insurance coverage or has any E & O Carrier denied, paid claims on, or canceled your coverage? ..... YES NO
- 13) Have you had any complaints or deficiency claims filed against you by any insured/annuitant with any insurance company or state insurance department in the past 10 years? ..... YES NO
- 14) Have you ever used any other names or aliases or used one on a license or other registration?..... YES NO
- 15) Are you now or have you ever been employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution? ..... YES NO
- 16) Are you now the subject of any complaint, investigation, or proceeding that could result in a "YES" answer to any of the preceding questions? ..... YES NO
- 17) Has the NASD or any Federal or State Regulatory Agency ever found you to have made a false statement or omission or been dishonest, unfair or unethical? ..... YES NO
- 18) Have you ever been discharged or permitted to resign because you were accused of violating investment or insurance-related statutes, regulations, rules, or industry standards of conduct? Or fraud or the wrongful taking of property? ..... YES NO
- 19) In the last ten years, have any contracts that you held with insurance companies been canceled for cause?.. YES NO
- 20) Has any policy or application for Errors and Omissions insurance coverage on your behalf ever been declined, canceled, or refused renewal? ..... YES NO

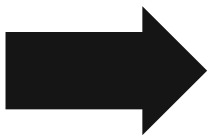
Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED SIGNATURE**

Please sign in the center of the box below. AGENT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT NAME HERE)

**By providing my signature in the center of the box below, I hereby authorize GOLDENCARE USA, Inc. to affix or append a facsimile of my signature, as set forth below, to all required signature fields on all Insurance Carrier documents for which I have authorized GOLDENCARE USA, Inc. to submit on my behalf, for the purposes of being contracted to sell products of Carriers through GOLDENCARE USA, Inc. I am authorizing GOLDENCARE USA, Inc. to create a personal USER ID and PASSWORD in the Efficient Forms' Efficient Contracting Solution using the information provided on the Background Information Questionnaire. I agree to allow GOLDENCARE USA, Inc. to enter the information provided on the Background Information Questionnaire as well as the submitted licenses, E&O coverage, direct deposit information, and additional background information to begin the licensing process for the carriers selected. I understand that the purpose of the Agent Data Sheet is to collect initial data and that GOLDENCARE USA, Inc. will contact me for additional information that may be required. I understand that the Background Information Questionnaire is good for 90 days and after that period of time a GOLDENCARE USA, Inc. representative may be contacting me to update any applicable information.**

**REQUIRED SIGNATURE:  
PLEASE SIGN YOUR NAME  
IN THE CENTER OF THE BOX BELOW.**



Thank You!

GOLDENCARE USA appreciates the opportunity to assist you with your contracting.

Please feel free to call on us whenever you need assistance.  
800-842-7799

Your Success Is Our Priority.

# ENJOY THE CONVENIENCE OF COMMISSION DIRECT DEPOSIT

By Filling Out This Simple Form

PLEASE PRINT CLEARLY

Agent's Full Name \_\_\_\_\_

Is this a new account or a change to existing information?     New     Change     Terminate

Do you want your commission check deposited into your savings or checking account?     Checking\*     Savings

What is the full name on your account? \_\_\_\_\_

Is there another name on this account?     Yes     No    If yes, specify:

What is your checking (or savings) account number? \_\_\_\_\_

Bank Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please specify type of financial institution:     Bank     Credit Union     Savings & Loan

Please specify branch: \_\_\_\_\_

\*If you wish commission checks to be deposited into your checking account, please complete the following and be sure to enclosed a voided check!

What is the ABA/transit/routing number for your checking account? \_\_\_\_\_  
(9-digit number to the left of your account number located on the bottom of your checks.)

Thank You!

We appreciate the opportunity to do business with you.

For assistance, call GOLDENCARE USA at 1-800-842-7799