

THE INSURANCE ADVISOR NEW AGENT TRANSMITTAL

AGENT INFORMATION

FIRST NAME		LAST NAME	
HOME PH #		CELL PH #	
EMAIL ADDRESS			
DATE OF BIRTH		SOCIAL SECURITY #	
ADDRESS			
CITY		STATE	
		ZIP CODE	

HIERARCHY

FMO	TRUSTED SENIOR SPECIALISTS		
SGA	ERIC NICHOLS		
MGA (check one)		ANDREW LILLARD	
		JOSE SANCHEZ	
		Byron Hopma	

CC	Call Center Agent (Can only write online applications)
DP	Direct Pay Agent

(Level will be filled in by manager)

REQUESTED CONTRACTS

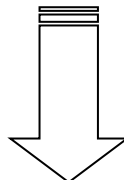
CC	DP				Direct Pay Only			
		Aetna	Level			Foresters	Level	
		BCBS	Level			Transamerica	Level	
		Cigna HealthSpring	Level					
		Humana	Level					
		United Healthcare	Level					
		WellCare	Level					

ONBOARDING CHECKLIST

	Completed Transmittal Form		Current Copy of Insurance License(s)
	Voided Check		TSS Direct Deposit Form
	BCBS Questionnaire if Applicable		Humana Background Investigation Form if Applicable
	Humana Investigation Disclosure Form		Humana Notice for California Applicants if Applicable
	Completed W-9		Copy of Current E&O Certificate

HUMANA SPECIFIC QUESTIONS

Are you now, or have you previously contracted with Humana?		YES		NO	If yes, SAN #	
If YES, please check the products you were contracted for.		Individual		Medicare		Both
What Humana products do you want us to contract you for		Individual		Medicare		Both





Direct Deposit Authorization

Trusted Senior Specialists, LLC is pleased to provide direct deposit of your commissions into your bank account. Here are some of the benefits you will receive with our direct deposit program:

- Fast commission payments
- Funds are deposited three (3) working days after Trusted Senior Specialists transmits to financial institution
- No more lost checks
- No more trips to your financial institution to deposit checks

Your statement, which will be emailed to you, will indicate the amount of deposits. The authorization form below states that we may make debit entries to your account **only** in the rare case of a bank error or a commission processing error. We will **not** deduct debit balances from your bank account.

In order to begin direct deposit, please complete the authorization form below. Please sign the form and attach a voided check or savings deposit slip. If you change your account or account information, please notify us immediately to avoid delays in your commission payments. A written request along with a new voided check or deposit slip must be submitted in order to change any information.

Name					Date	
SSN			Tax ID			
Email						
Checking	Routing #			Acct. #		
Savings	Routing #			Acct. #		
Bank Name						
City			State		ZIP	
<p>I authorize Trusted Senior Specialists, LLC to initiate electronic credit entries for commissions due. Debit entries will only be made in the rare case of an error either by Financial Institution or Trusted Senior Specialists to correct a credit entry previously made or a commission processing error.</p> <p>As of (Date) _____, deposits shall be made into the account detailed above.</p>						

Email Address: (Required) _____

Signature: _____ Date: _____

Trusted Senior Specialists, LLC

(877) 880-2947

TrustedSeniorSpecialists.com

Better Business Bureau Awards of Excellence: Winner of Distinction 2011 & 2012





Direct Deposit Authorization cont.

Please Attach Voided Check Here

Trusted Senior Specialists, LLC

(877) 880-2947

TrustedSeniorSpecialists.com

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W-9

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

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.

Social security number

or

Employer identification number

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. citizen or other U.S. person (defined below).

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.

**Sign
Here**

**Signature of
U.S. person ▶**

Date ▶

General Instructions

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

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

BCBS QUESTIONNAIRE

- | | | |
|-----|----|--|
| Yes | No | 1. Has your license to sell insurance or HMO products ever been denied, suspended or revoked by any state? |
| Yes | No | 2. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years? |
| Yes | No | 3. Have you ever been denied appointment or renewal appointments by any insurance/and or managed care company? |
| Yes | No | 4. Have you ever been a party to a lawsuit relating to insurance or managed care coverage? |
| Yes | No | 5. Have any settlements ever been made on your behalf? |
| Yes | No | 6. Are there any claims or lawsuits presently pending against you? |
| Yes | No | 7. Have you ever been convicted of a crime other than minor traffic violations? |
| Yes | No | 8. Are you indebted to any policy holder or insurance company or managed care company? |
| Yes | No | 9. Is there any objection to an inspection report at HCSC's expense? |

DISCLOSURE AND AUTHORIZATION REGARDING

BACKGROUND INVESTIGATION

The Company will utilize the services of a third-party agency or consumer reporting agency to obtain a consumer report for purposes of evaluating your application, appointment and/or contract terms at the time of application and throughout your affiliation with the Company. The term “consumer report” includes communications by a third-party agency or consumer reporting agency bearing on your criminal background, driving record, education, prior employment, credit history, character or mode of living. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying or are employed in.

Pursuant to the Fair Credit Reporting Act, the Company is required to obtain your permission prior to procuring the consumer report. By signing below, you hereby authorize the Company to procure report(s) on your background as described above from any third-party or consumer reporting agency contacted by the Company. You further authorize ongoing procurement of the above mentioned report(s) at any time during your association with the Company.

Signature of Producer

SSN

Date

Humana®

Background Investigation Disclosure and Authorization Form

This form does not create an employer-employee relationship.

- I. **You, Producer, understand that the Company may obtain information about you for any permissible** purposes from a third party consumer reporting agency now or at any time throughout your application, appointment or contract term with the Company. This may include a “consumer report” or an “investigative consumer report.” An investigative consumer report may include information as to your character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/ professional license or credentials; financial/credit history; or criminal/civil/driving record history to the extent permitted by applicable law. You understand that General Information Services, Inc. (GIS), on behalf of the Company, may be requesting information from public and private sources which is obtained through personal interviews with neighbors, friends, or associates of the applicant or producer, or with others with whom s/he is acquainted, about any of the information noted earlier in this paragraph in connection with the Company’s consideration of you for promotion or position reassignment or contract now, or at any time throughout your application, appointment or contract term with the Company, and give your full consent for this information to be obtained. You fully understand and agree that the scope of this authorization and consent is all-encompassing, allowing the Company to obtain from any outside organization all manner of consumer reports and/ or investigative consumer reports now and throughout your application, appointment and/or contract term with the Company to the extent permitted by applicable law.
- II. Under the Fair Credit Reporting Act (FCRA), you have the right to request, in writing, within a reasonable time, that the Company disclose the nature and scope of an investigative consumer report that the Company requests on you. You also have the right to obtain a summary of your rights under FCRA upon request. You are aware that Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit. In addition, you are entitled to know if the considerations for which you are applying are denied because of information obtained from a consumer reporting agency. If so, you will be notified and given the name of the agency providing that report.
- III. IF APPLICABLE, medical and worker’s compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and any other applicable state laws.
- IV. You acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- V. You hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, licensing boards, criminal and civil and courts, school or educational institution, employer, insurance company, business entity or other person contacted by GIS to furnish the information described in Section I.
- VI. Upon proper identification, you have the right to make a request to GIS as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished within the two-year period preceding your request. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (888)333-5696.

Additional Disclosures:

NOTICE TO MARYLAND RESIDENTS

Under section 14-1204 of the Maryland Commercial Law Code, you have the right to request, and receive from the Company within five business days of its receipt of your request, a complete and accurate disclosure of the nature and scope of the investigative consumer report requested.

If you are seeking a Florida appointment and you have never applied and qualified for a license as an agent in Florida, the Company intends to obtain certain information about you which constitutes a credit report under the law. The specific basis justifying such a report is that it is required by section 626.521 of the Florida Statutes, and the delegated agent relationship for which you have applied involves: 1) regular access to customer personal information other than information customarily provided in a retail transaction, as defined in § 14-3501 of the Maryland Commercial Law Code; and 2) access to the Company's proprietary and confidential business information.

NOTICE TO MASSACHUSETTS RESIDENTS

Upon your written request, you have the right to receive a copy of the investigative consumer report the Company obtains once it is complete.

NOTICE TO MINNESOTA RESIDENTS

You have the right to obtain a copy of the report ordered by checking the box provided below.

☐ You request to receive a free copy of the report by checking this box.

NOTICE TO NEW HAMPSHIRE RESIDENTS

You have the right to request, and receive from the Company within five business days of its receipt of your request, a complete and accurate disclosure of the nature and scope of the investigative consumer report requested.

NOTICE TO OKLAHOMA RESIDENTS

You have the right to obtain a copy of the report ordered by checking the box provided below.

☐ You request to receive a free copy of the report by checking this box.

NOTICE TO OREGON RESIDENTS

If you are seeking a Florida appointment and you have never applied and qualified for a license as an agent in Florida, the Company intends to obtain certain information about you which constitutes a credit report under the law. The specific basis justifying such a report is that it is required by section 626.521 of the Florida Statutes, and essential functions of the delegated agent relationship for which you have applied: 1) require access to customer personal and financial information not customarily provided in a retail transaction; and (2) involve access to the Company's proprietary and confidential business information.

NOTICE TO NEW YORK RESIDENTS

If you submit a written request, you have the right to know whether the Company ordered an investigative consumer report on you. You may inspect and receive a copy of such report by contacting GIS: PO Box 353, Chapin SC 29036 or (866) 265-4917.

A disclosure of New York's law on the use of criminal records is provided below. By signing above, you acknowledge receipt of this document.

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

Section 751. Applicability.

Section 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. Section 753. Factors to be considered concerning a previous criminal conviction; presumption.

Section 754. Written statement upon denial of license or employment.

Section 755. Enforcement.

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

"License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(4) “Employment” means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that “employment” shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual’s having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of “good moral character” when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754 Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755 Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

NOTICE TO VERMONT RESIDENTS

If you are seeking a Florida appointment and you have never applied and qualified for a license as an agent in Florida, the Company intends to obtain certain information about you which constitutes a credit report under the law. The specific basis justifying such a report is that it is required by section 626.521 of the Florida Statutes, and the delegated agent relationship for which you have applied involves access to customer personal and financial information other than information customarily provided in a retail transaction.

NOTICE TO WASHINGTON RESIDENTS

You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from GIS a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

If you are seeking a Florida appointment and you have never applied and qualified for a license as an agent in Florida, the Company intends to obtain certain information about you which constitutes a credit report under the law. The specific basis justifying such a report is that it is required by section 626.521 of the Florida Statutes, and the delegated agent relationship for which you have applied involves: (1) access to customer personal and financial information not customarily provided in a retail transaction; and (2) access to the Company's proprietary and confidential business information.

I acknowledge receipt of this disclosure and authorize Humana to obtain a consumer report and/or investigative consumer report on me for any permissible purposes.

Signature: _____

Date: _____

Printed Signature: _____

Social Security Number: _____

Humana®