



GENERAL AGENT CHECKLIST

In order to complete the licensing and contracting process, please follow the checklist below. All forms must be filled out in their entirety. Each question must be answered in some way: if a question does not apply to your situation, place the abbreviation N/A in the blank.

Submit the following items:

- 1. One (1) New Agent Data Sheet. After answering all questions, please sign and date where indicated. Remember - complete information is required!
- 2. One (1) General Agent Contract. Make sure to include your complete address. Sign and date last page.
- 3. One (1) Medicare Supplement Commission Schedule. Sign and date schedule.
- 4. One (1) EFT Direct Deposit Form. Paper checks not available.
- 5. W-9 Form
- 6. CSI Life Code of Ethics. Sign and date form.
- 7. Exhibits A, B & C

NOTICE: The licensing process cannot begin until ALL of the above items have been received.

PLEASE NOTE:

***No applications may be written IN ANY STATE
until a writing number has been assigned.***

We can help! If you have any questions, please call 1-800-777-9322



AGENT DATA SHEET

Name _____ Home Phone (_____) _____

Home Address _____ City _____ State _____ Zip _____

Business Address* _____ City _____ State _____ Zip _____

Business Phone (_____) _____ Fax (_____) _____

Cell Phone (_____) _____

Social Security Number _____ Date of Birth ____/____/____ Spouse's Name _____

E-mail address (Required) _____

*Unless otherwise requested, we will use your business address for mailing purposes.

****A PHYSICAL ADDRESS IS REQUIRED TO SEND SUPPLIES****

LICENSE DATA Currently Licensed No Yes If yes, complete the following:

A. Resident License State _____

B. Are you applying for appointment in your resident state? Yes No

C. Are you applying for appointment as a non-resident in any state(s)? Yes No

If applying as a non-resident, list state(s) _____
(Appropriate non-resident fees must be submitted with paperwork)

D. Business will be conducted as Individual Partnership Corporation

E. Partnership / Corporation Name _____

Tax ID # _____

LICENSE QUESTIONS

	YES	NO
Are you indebted to any Insurance Company, Agency or Manager (including debit balance)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor theft or theft related charges?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 years, have you been arrested, charged with or convicted of a misdemeanor other than minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 years, have you received a DUI citation, plead guilty to a misdemeanor DUI or convicted of a misdemeanor DUI?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 years, have you been arrested or convicted on any drug/controlled substance related misdemeanor charges?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 years, have you filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a license to solicit insurance refused, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had regulatory action against you resulting in a fine for moral misconduct, untrustworthiness or failure to remit premiums?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 years, have you been under investigation by any regulatory agency or had any regulatory action against you?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 7 years, have you been a defendant in any suit, brought legal action against an insurance company or have you been in any legal dispute with an insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused a bond?	<input type="checkbox"/>	<input type="checkbox"/>

****If the answer to any of these questions is YES, you must provide an explanation in the space provided on the next page.****

LICENSE QUESTION EXPLANATION SECTION (IF NEEDED)

CURRENT AND PREVIOUS APPOINTMENTS:

<u>COMPANY NAME:</u>	Appointment Status CIRCLE ONE		Permission to Contact CIRCLE ONE	
1. _____	Active	Inactive	Yes	No
2. _____	Active	Inactive	Yes	No
3. _____	Active	Inactive	Yes	No
4. _____	Active	Inactive	Yes	No
5. _____	Active	Inactive	Yes	No
6. _____	Active	Inactive	Yes	No

REFERENCES IN THE INSURANCE INDUSTRY:

1. Name _____ Phone _____
2. Name _____ Phone _____

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, and grant permission to the Company or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report, Vector One search and a background check and by signing this form I am authorizing the company to do so. I also understand that any information obtained by the Company will be made available to me upon my written request.



Signature **Date**

Recommended By

CSI Life Insurance Company
 P.O. Box 10816
 Clearwater, FL 33757-8816
 1-855-664-5517



GENERAL AGENT'S CONTRACT

This contract with attachments, executed in duplicate originals, is entered between you (the Agent) and CSI Life Insurance Company of Omaha, Nebraska.

Agent:

Name _____

A. DESIGNATION & APPOINTMENT

1. Designation

The Agent named above is herein referred to as You or Your. CSI Life Insurance Company is herein referred to as the Company or It. This General Agent's Contract and all supplements, amendments, and schedules attached are referred to as "the" or "this" Contract and are entered into between You and the Company in consideration for the mutual agreements set forth herein.

2. Appointment

You are hereby appointed an agent of the Company for the purpose of soliciting personally, or through Your agents, applications for the Company's insurance policies and certificates in states in which you are licensed to sell Company products. This Contract does not grant exclusive rights in any territory or for any products. This Contract is limited to the types of products offered by the Company described in Exhibit "A" attached hereto and made a part hereof by reference.

B. RESPONSIBILITIES & LIMITATIONS

1. General

During the continuation of this agreement, You agree to:

- (a) Be responsible for the prompt delivery of policies sent to You or Your agents, in accordance with the Company's rules and instructions.
- (b) Follow, and be responsible for Your agents following, all Company rules and regulations.
- (c) Solicit only in the state(s) in which You and Your agents are licensed and appointed with the Company and where the Company is authorized to do business.
- (d) Comply with all State and Federal laws, orders, rules and regulations.
- (e) Be responsible for obtaining and maintaining the necessary licenses and appointments to sell the Company's products in the states in which You operate, whether resident or non-resident.

2. Relationship

Nothing contained herein is intended to create the relationship of employer and employee between You and the Company, and You shall at all times be an independent contractor. You shall be free to exercise Your own judgment as to the time, place and means of performing all acts hereunder, but You shall conform to the Company's rules, regulations and instructions concerning the solicitation and delivery of insurance policies or certificates.

3. Monies Held in Trust - Bond

All monies You or Your agents receive or collect for or on behalf of the Company shall be held in a fiduciary capacity for Its benefit and shall be immediately forwarded to the Company. You are not authorized to endorse or cash checks, drafts or money orders payable to the Company. The Company reserves the right to require a surety bond satisfactory to the Company.

Eldercare Insurance Services, Inc.

4. Conflict of Interest

Without prior written consent of the Company, You agree not to engage in any way, either directly or indirectly, in any activity or business that could have potential or actual gain to You related to the Medicare Supplement insurance markets other than the sale of insurance.

C. COMPENSATION & ACCOUNTING

1. Compensation

(a) You shall be paid compensation according to the terms of this Contract and the Commission Schedule described in Exhibit "A" attached hereto and made a part hereof by reference. The Commission Schedule is subject to change by the Company upon notice in writing to You, but said change shall not affect any policies, certificates or contracts issued upon applications You solicited prior to the effective date of the change. This provision shall not operate to prejudice the Company's right to comply with any state or federal statute or regulation pertaining to commissions. All commissions or other remuneration earned by Your agents may be paid directly by the Company to them. Commissions due You shall be reduced by the amount payable to Your agents.

(b) After termination, and subject to the terms and conditions of the Contract, any commissions earned by You or Your agents shall be and remain fully vested and payable unless such commissions amount to less than \$50.00 per month for three consecutive months or \$600.00 in any one calendar year.

(c) Commissions shall not be owed or paid:

- (i) on policies or certificates continued in force under any waiver of premium provision of any policy or certificate; or
- (ii) on collected premiums that are subsequently refunded by the Company, and commissions paid prior to the refund shall be refunded to the Company.

2. Accounting

The Company shall mail to Your last known address as reflected on its records or deliver to You by other reliable methods, a monthly statement showing compensation and deductions made within the accounting period. Each statement is deemed to be correct and accurate unless You object in writing thereto within thirty (30) days after it has been mailed or delivered. If commissions due You total less than \$50.00 in any pay period, then the commission payable will be deferred until accrued commissions exceed \$50.00. All accounting records maintained by You relating to business conducted with the Company are subject to inspection at any reasonable time by our authorized representatives.

3. Premium Collection & Transmittal

All initial premiums collected with each application must be immediately remitted to the Company with accurate and appropriate accounting. Applications accepted and approved accompanied by premium shortages will be charged to Your account.

D. ADVERTISING GUIDELINES

All representations or references to CSI Life Insurance Company ("CSI Life"), its products or agents, in any advertising or marketing material shall be submitted to the Company prior to its use or distribution and shall not be utilized until You receive written approval from the Company.

Advertising includes any material which is designed to create public interest in CSI Life Insurance Company ("CSI Life"), its products or agents. This includes but is not limited to, consumer material designed to induce the public to purchase, increase, modify, retain, renew or reinstate a policy as well as agent recruiting and training materials.

Examples of advertising include but are not limited to printed and published material, audio visual material, direct mail material, Internet sites, newspaper and magazine ads, radio and TV scripts, billboards and similar displays, flyers and ad slicks, leaflets and booklets, brochures, newsletters, form letters, prospect letters, telephone scripts, lead generating devices of all kinds, depictions and illustrations, prepared sales talks, presentations and agent training materials.

The Agent is responsible for submitting all advertising and marketing materials to the Company for approval. Furthermore, the Agent shall maintain a file copy of all such advertising and marketing material utilized and provide a copy to the Company upon request.

1. Agent Only Advertising

All agent only advertising, training, or recruiting material must display the disclaimer, "**FOR AGENT USE ONLY**" on each page in bold type. This includes, but is not limited to recruiting ads in industry trade publications as well as any ad, mailer or letter that is sent to an agent to describe or promote the Company or its products. Training materials such as scripts and videos must also display this disclaimer.

All materials that make reference to the Company's products must include the full Company name and product form number. This is true if the material makes indirect reference or no reference at all when the ultimate goal of the piece is the sale of a Company product.

2. Contractual Language

Guarantees or promises beyond the guarantee in the policy are not permitted. Any use of investment type language is not permitted. Any nationwide advertising material must display language "**BENEFITS MAY VARY BY STATE**" in bold type.

3. Publication and Disclosure of Company Information

During the term of this Contract, and for three years after termination, You agree not to post, publish or disseminate any Company information including, but not limited to, Company contracts, commission schedules, policies or procedures on the Internet via web sites, chat rooms, message boards or any other form of social media without prior written approval from the Company.

E. PRIVACY ACT NOTICE

You herein acknowledge You have received a copy of the Privacy Notice of the Company attached hereto and made a part of this Agreement as "Exhibit B". You acknowledge and agree You are acting as a third party service provider to the Company as contemplated under §503 of the Gramm-Leach-Bliley Privacy Act and are therefore bound by the stated policy of the Company regarding the release of non-public information derived by or for the Company in the normal course and conduct of business. You shall receive an annual notice of the Privacy Policy of the Company and at any other such time as the Privacy Policy of the Company may change.

F. HIPAA PRIVACY & SECURITY RULES

You herein acknowledge you have received a copy of the "Health Insurance Portability and Accountability Act (HIPAA) – Privacy and Security Rules" attached hereto and made part of this Contract as Exhibit "C". During the continuation of this Contract, you agree to comply with the rules and requirements specified in Exhibit "C".

G. TERMINATION

1. Termination without Cause

At any time either You or the Company may terminate this Contract without cause by giving fifteen (15) days notice in writing sent to the last known address of the other. If You are an individual, this Contract shall immediately terminate without cause upon Your death. If You are a partnership, the death of either partner shall not terminate this Contract but it shall survive and continue in force and effect in favor of the surviving partner. If You are a Corporation, this Contract shall immediately terminate upon Your dissolution, sale, bankruptcy, or insolvency.

2. Termination For Cause

Without notice, this Contract shall immediately terminate for cause and all commissions and claims whatsoever accruing hereunder shall be forfeited and void if You:

- (a) Breach any provision of this Contract.
- (b) Violate any law or regulation regarding the sale of insurance or annuities or fail to comply with any court order.
- (c) Knowingly or intentionally induce or attempt to induce policyholders or certificate holders of the Company to reduce or discontinue any premium payments to It.
- (d) Either directly or indirectly, personally or through any other person or entity, communicate with any Company policyholder for the purpose or intent of rewriting, replacing or otherwise causing any policyholder to lapse, relinquish, or surrender a policy written through the Company.
- (e) Withhold or convert Company property.
- (f) Commit any other willful or dishonest act with the intent to injure the Company in Its public relations.
- (g) Induce or attempt to induce any agent, employee or representative of the Company to terminate his or her relationship with the Company.
- (h) Are convicted of a felony.
- (i) Become insolvent or bankrupt, or make an assignment for the benefit of creditors or be in default of any obligation.

Eldercare Insurance Services, Inc.

3. Forfeiture

If this Contract is terminated without cause and the Company discovers during Your association with the Company or afterwards that You have committed any of the acts described in paragraph "F2", then You shall forfeit to the Company all right, title and interest in any compensation under this Contract. Forfeiture under this paragraph shall not constitute an election by the Company to forego any and all other claims or remedies it may have against you.

4. Limits of Authority

You are not authorized to waive, alter or change any provision or condition of the Company's insurance policies or certificates, agents' contracts, literature or receipts; modify or extend the amount or time of any premium payment due to the Company; or receive any money due or to become due the Company except initial premiums and/or additional first year premium collected when a policy or certificate is delivered. You shall not enter into any contract, incur any expense or obligation of any kind or character whatsoever or bind the Company to any coverage or risk. No coverage will be effective with respect to any application until approved by the Company. The Company reserves the right based upon its sole discretion and without liability to You, to approve or disapprove any application, limit the amount of coverage issued or charge a higher premium based upon our evaluation of the risk.

5. Applications & Policies

The Company may, at Its discretion and without liability to You, reject applications or refund premiums for insurance policies or certificates submitted by You or Your agents without specifying the cause; withdraw, substitute, or change any insurance policy, certificate, or premium rate used by the Company. All policies or certificates issued by the Company must be delivered by you to the policyholder or certificate holder within ten (10) days of Your receipt. You shall obtain a signed delivery receipt for the policy and return it to the Company. The failure to return policy delivery receipts shall result in the chargeback of advances and or commissions on applicable policies. If the health condition of the applicant has changed since the application date, then no issuance or delivery will occur and you shall return the policy or certificate to the Company.

6. Indebtedness

You shall be responsible for the payment to the Company of all monies which,

- (1) You or Your agents collect on the Company's behalf;
- (2) are due the Company because of compensation paid to You or Your agents upon premiums which the Company returned;
- (3) are advanced or paid by the Company for Your or Your agents' licensing/appointment renewal fees;
- (4) are paid to You or Your agents which are not due You or Your agents under this Contract. Until the Company receives all such monies from You, the same shall be a debt payable on demand and for which You are liable and at the Company's option, no commissions are payable to You or Your agents until such indebtedness is satisfied.

7. Lien

As additional security for the payment of any indebtedness under this Contract or any other contract with the Company, the Company shall have a first and prior lien against the compensation due You under this Contract. The Company's lien is superior to all other liens under this Contract. The Company may, at any time, offset any such indebtedness against compensation due You under the Contract or any contract You have with the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other available remedies to collect the indebtedness.

8. Reimbursement & Indemnification

You shall reimburse the Company, and/or indemnify the Company, for any loss including attorney's fees resulting from actions by You or Your agents and for all costs, expenses and attorney's fees that the Company may incur in recovering from You any property or indebtedness belonging to or due the Company. You agree to indemnify and hold the Company harmless for any claim, loss, expense, cost or liability which It may incur resulting from Your breach of the terms of this Contract or violation of any law or regulation or failure to comply with any court order. You shall not institute any legal proceedings in the Company's name. Should any claims or lawsuits be made by any third party against You or the Company as a result of alleged wrongdoings by You then You shall hold the Company harmless from and indemnify It for any claim, loss, expense, cost or liability which It may incur defending the action and for any settlement of or judgment resulting from such action. The Company may, at Its sole discretion, defend or settle any such claim.

9. Company Property

Sales brochures, applications, rate cards and booklets, policyholder or certificate holder cards and all other supplies furnished by the Company will remain Company property. They are to be accounted for and returned by You on demand. You agree to be responsible for any damage or misuse thereof.

H. MANDATORY MEDIATION AND ARBITRATION

1. Mandatory Mediation

Except as otherwise provided in this Agreement, all claims, disputes, and controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to breach hereof (in each case, "Dispute"), shall be referred to mediation before, and as a condition precedent to, the initiation of any adjudicative action or proceeding, including arbitration, and any suit action or arbitration shall be barred unless mediation has been attempted in good faith. If there is a Dispute, the party claiming the existence of a dispute must make written demand for mediation prior to instituting a lawsuit, action or arbitration proceeding.

The mediation shall be conducted in Douglas County, Nebraska. Each party shall bear its own expenses incurred as a result of submitting the matter to mediation with the expense of the mediator borne equally by the parties. The mediator shall be chosen by joint agreement of Company and You. In the event an agreement cannot be reached with respect to a mediator, either party may request that Judicial Arbitration and Mediation Services, Inc. or Its successor ("JAMS") appoint a mediator. Selection of the mediator by JAMS shall be binding

2. Mandatory Binding Arbitration

Should mediation be unsuccessful, it is agreed that the Dispute shall be submitted to binding, non-appealable arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association in force at the time the demand is filed, unless the parties mutually agree otherwise.

Either Party may within sixty (60) days from the date of such unsuccessful mediation or one (1) year from the date of the alleged breach or occurrence resulting in the Dispute, whichever is later, make a demand for arbitration by filing a demand in writing with the other party and serving the same depositing it in the U.S. Mail, certified mail, return receipt requested. Company and You shall each choose, within sixty (60) days after demand for arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the District Court of Douglas County, Nebraska for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred, as a result of obtaining the court order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Douglas County, Nebraska. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators.

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and non-appealable and shall be submitted to the court for confirmation with the same effect as a judgment.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

I. MISCELLANEOUS PROVISIONS

1. Injunction

You agree that if during this Contract, or within three years after termination, You do any of the acts described in paragraph F.2. sub-paragraphs (c), (d), or (f) of this Contract, that damages, if any, and remedies at Law for doing such acts would be inadequate. Therefore, in the event You do any such acts, the Company shall be entitled to an injunction without the necessity of furnishing bond, restraining You from any such act. You agree that any such act would result in continuing irreparable harm and damage to the Company, but nothing contained here shall be

construed as prohibiting the Company from pursuing any other remedies available to It, including the recovery of damages from You.

2. Assignment & Modification

No assignment of this Contract or any compensation due hereunder shall be valid unless in writing and approved, in advance, by the Company. No modification of this Contract shall be binding on the Company unless in writing and signed and approved by an authorized Officer of the Company.

3. Bankruptcy

If You should file for or be placed in bankruptcy in any manner, to the extent of any amount due the Company under this or any other contract with the Company, no compensation shall be payable under this Contract and such compensation shall immediately become the Company's property.

4. Place of Payment & Enforceability

This Contract is made subject to the laws of the State of Nebraska, and all compensation payable hereunder shall be payable at the Company's Home Office. In consideration of the execution of this Contract and other valuable considerations, You agree that any litigation resulting from the violation of the terms and conditions of this Contract by You or the Company shall be brought in Douglas County, Nebraska.

5. Supersedure & Waiver

This Contract supersedes and replaces any contract or agreement previously entered into between You and the Company on behalf of the Company with respect to any future transactions. However, any rights You and the Company have under any previous contract are otherwise unaffected except as expressly provided in this Contract. The Company's failure to enforce any provision of this Contract shall not constitute a waiver of any other provision of this Contract.

6. Savings Clause

If any provision of this Contract shall be contrary to the laws of the particular state, county or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, county or jurisdiction and the rights and obligations of You and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

7. Notice

All notice to the Company shall be delivered to CSI Life Insurance Company, 1212 N. 96th Street, Omaha, Nebraska 68114. Notice to You shall be delivered to your last known mailing address as provided below. You shall be responsible for maintaining a current physical and mailing address on file with the Company annually.

Your Address:

8. Entire Contract

This Contract and the Agent's application which is incorporated herein by reference contain the entire agreement between You and the Company and which has been approved by the Company. The Contract shall become effective only when first executed by You and thereafter accepted by the Company at Omaha, Nebraska.

9. Effective Date

This Contract becomes effective on the date it is accepted by the Company.

10. Notification & Authorization

Company will request a background investigation on You. The standard background investigation will include a criminal background check and a financial background check. You hereby authorize the release of all copies of any information obtained as a result of Your background investigation to the Company.

SIGNATURES:



AGENT

PRINT NAME

DATE: _____

CSI LIFE INSURANCE COMPANY:

DATE: _____



SPONSORING AGENT

PRINT NAME

DATE: _____

AIMC:

DATE: _____



“Making people’s financial lives more simple and secure”

Code of Ethics

CSI Life Insurance Company (CSI Life) believes that serving the needs of our customers with integrity is of utmost importance. All Home Office employees and field representatives are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and CSI Life standards.

As a CSI Life agent I agree to:

- Adhere to all provisions contained in the Agent’s contract.
- Fully comply at all times with all laws and regulations regarding the solicitation and sale of any CSI Life products.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself.
- Make a conscious effort to ensure that any comparisons made of policies by me are fair and accurate.
- Make a conscious effort to ensure excessive insurance is not sold or issued.
- Make a conscious effort to ensure the appropriateness of all recommended purchases or replacements.
- Not place CSI Life under any legal obligation that is not within scope of my authority.
- Not; accept risks of any kind; make, modify or discharge contracts; extend the time for paying the premium; waive forfeitures or any of CSI Life’s rights or requirements; bind CSI Life by any statement, promise or representation; or collect any monies other than as provided in the Agent’s contract.
- To use only appropriate sales material approved by CSI Life and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all policies and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or to share commissions with anyone not licensed and under contract with CSI Life.
- Not represent CSI Life in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of CSI Life.



Agent Signature

Date



CSI LIFE INSURANCE COMPANY

A Berkshire Hathaway Company

Electronic Funds Transfer Direct Deposit Authorization Agreement

Agent Information

Agent Name or Agency Name

Agent Number

Social Security Number

Tax ID Number

Phone Number

Address

City

State

Zip Code

Financial Institution (Bank) Information

Checking

Savings*

**For a savings account, please ask your financial institution to verify that the ACH will be accepted and that the information below is correct. This verification is necessary, as not all financial institutions will acknowledge an ACH debit to a savings account.*

Bank Name

Address

City

State

Zip Code

Institution Account Number

ABA Number

I/We authorize CSI Life Insurance Company, hereinafter called CSI Life, to initiate, if necessary, credit entries and adjustments for any errors to my (our) account indicated above and the depository named above, hereinafter called depository, to debit and/or credit the same to such account. This authorization is to remain in full force and effect until CSI Life has received written notice from me of its termination in such time and such manner as to afford CSI Life and Depository a reasonable opportunity to act on it. This does NOT authorize CSI Life to debit this account in order to collect on a debit balance. You must be a listed signer on the above account to sign this form.

Please attach a VOIDED check, then sign and date this authorization below.



Authorized Signature

Printed Name

Title

Date

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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 the "Name" line 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.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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), and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

EXHIBIT A

All Medicare Supplement Plans, including A, B, C, D, F, G, M and N (and related policy forms).

EXHIBIT B

Privacy Policy

At CSI (Central States Indemnity Co. of Omaha and CSI Life Insurance Company), our corporate purpose is to make people's financial lives more simple and secure. Of course, security extends to the safety and privacy of your nonpublic personal information ("Private Information") as well.

To offer and administer quality insurance products, we collect Private Information about you from the following sources:

- Information we receive from you on applications or other forms.
- Information about your transactions with us, our affiliates, or others.

We do not sell Private Information about our customers or former customers and we do not disclose it to anyone other than our affiliates, except as permitted by law. For example, we may disclose any of the information we collect, as described above, to companies that perform services on our behalf or to other financial institutions with whom we have joint marketing agreements. These companies are prohibited from using the information for any other purpose.

CSI restricts access to Private Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to protect your Private Information.

The Health Insurance and Accountability Act (HIPAA) establishes requirements and restrictions pertaining to the use and disclosure of Protected Health Information. Please refer to www.csi-omaha.com and familiarize yourself with both CSI's HIPAA Policy (Notice of Privacy Practices) and Privacy Policy. Your adherence to federal and state laws and regulations that provide privacy protections is mandatory.

EXHIBIT C GENERAL AGENT'S CONTRACT

Health Insurance Portability and Accountability Act (HIPAA) – Privacy and Security Rules

In the event Agent obtains access to “protected health information” (within the meaning of 45 C.F.R. Parts 160-164) (“PHI”) concerning Company’s (CSI Life Insurance Company) applicants or policyholders in the course of performing its duties under this Contract, Agent shall be subject to the following terms:

1. Except as set forth in paragraph 2 below, Agent shall not use or disclose PHI for any purpose other than to perform its obligations under this Contract or as required by law.
2. Agent may use PHI it received in its capacity as Agent, as necessary for:
 - a. The proper management and administration of Agent or to carry out its legal responsibilities. Agent may disclose PHI it received in its capacity as Agent, as necessary for the purposes described in the preceding sentence if the disclosure is required by law: or
 - b. Agent obtains from the person to whom the PHI is disclosed a written Contract that (1) the PHI will be held confidentially and will not be used or further disclosed except as required by law or for the purpose for which it was disclosed and (2) the person to whom the PHI is disclosed will notify Agent (who will in turn promptly notify Company) of any instances of which such person is aware in which the confidentiality of the PHI has been breached.
3. Agent shall use appropriate safeguards to prevent use or disclosure of PHI other than as permitted by this Contract. Agent shall report to Company any unauthorized use or disclosure of PHI by Agent or its workforce or any of its agents/producers or subcontractors, of which it becomes aware. Agent shall mitigate, to the extent practicable, any harmful effect that is known to Agent of any use or disclosure of PHI by Agent or its workforce or any of its agents/producers or subcontractors in violation of this Contract.
4. Agent agrees to ensure that any subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of Agent agree in writing to the same restrictions and conditions that apply through this Contract to Agent with respect to such information.
5. Agent shall afford Company’s policyholders and applicants the right to access PHI in accordance with 45 C.F.R. 164.524 and the right to amend PHI in accordance with 45 C.F.R. 164.526.
6. Agent shall make its records available for purposes of responding to applicants or policyholders requests for an accounting in accordance with 45 C.F.R. 164.528. In the event Agent makes any disclosures of PHI that are subject to the accounting requirements of 45 C.F.R. 164.528, it shall promptly report such disclosures to Company, including the date of the disclosure, the name and, if available address of the recipient of the PHI, a brief statement of the PHI disclosed, and a brief description of the purpose of the disclosure that reasonably informs the individual of the basis of the disclosure. Agent should send such information to Company at the following address or fax: P.O. Box 34888, Omaha NE 68134-0888; FAX 402-997-8268.

7. With respect to “electronic protected health information” (within the meaning of 45 C.F.R. Parts 160-164) (“ePHI”), Agent shall comply with (and ensure that its subcontractors implement and comply with):
 - a. The administrative safeguards set forth at 45 C.F.R. 164.308, the physical safeguards set forth at 45 C.F.R. 164.310, the technical safeguards set forth at 45 C.F.R. 164.312, and the policies and procedures set forth at 45 C.F.R. 164.316 to reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Company;
 - b. Ensure that any subcontractor that creates, receives, maintains or transmits PHI on behalf of Agent agrees to comply with the applicable requirements of Subpart C of 45 C.F.R. Part 164 by entering into a contract that complies with 45 C.F.R. Section 164.314.
 - c. In no event, without Company’s prior written approval, provide ePHI received from, or created or received by Agent on behalf of Company, to any employee or agent, including a subcontractor, if such employee, agent or subcontractor receives, processes, or otherwise has access to such ePHI outside of the United States; and
 - d. Make policies and procedures relating to Agent’s safeguarding of ePHI available to Company, or at the request of Company to the Secretary of Health and Human Services (the “Secretary”), in a time and manner designated by Company or the Secretary, for purposes of the Secretary determining Company’s compliance with HIPAA; and
 - e. Report to Company any Security Incident of which Agent becomes aware.
8. Agent acknowledges and agrees that, as of the applicable effective dates for such provisions, Agent shall comply with each provision of the American Recovery and Reinvestment Act of 2009 (“ARRA”) that extends a HIPAA Privacy Rule or Security Rule requirement to business associates of HIPAA covered entities. In particular, but without limitation, Agent:
 - a. Shall report to Company any Security Breach of Unsecured PHI without unreasonable delay and, in no case, less than five (5) days after Discovery; and
 - b. Shall not directly or indirectly receive remuneration in exchange for any PHI of an individual without Company’s prior written approval and notice from Company that it has obtained from the individual a valid authorization that includes a specification of whether the PHI can be further exchanged for remuneration by Agent. The foregoing shall not apply to Company’s payments to Agent for services delivered by Agent to Company.

For purposes of this Contract, the following definitions apply:

- a. “Discovery” means the first day on which a Security Breach is known to Agent (including any person, other than the individual committing the breach, that is an employee, officer, or other agent of Agent), or should reasonably have been known to Agent, to have occurred.
- b. “Breach” has the same meaning as the term “breach” in 45 C.F.R. 164.402

- c. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
 - d. "Unsecured PHI" means PHI that is not secured through the use of a technology or methodology specified by guidance issued by the Secretary of the Department of Health and Human Services from time to time.
9. Agent acknowledges that, effective the later of the Effective Date of this Contract or February 17, 2010, it shall be liable under the civil and criminal enforcement provisions set forth at 42 U.S.C. 1320d-5 and 1320d-6, as amended from time to time, for failure to comply with any of the safeguards, security, use, and disclosure requirements of this Contract and any guidance issued by the Secretary from time to time with respect to such safeguards, security, use and disclosure requirements.
10. Agent agrees to comply with all applicable laws that require notification of individuals in the event of unauthorized disclosure of PHI or Personal Information. Personal Information includes the first and last name plus including, but not limited to any of the following: Social Security Number, financial account number, or credit or debit card number (along with any PIN or other access code). In the event of any unauthorized disclosure by Agent, Agent agrees to notify Company within five (5) days of discovery and assume responsibility for informing applicants or Policyholders in accordance with applicable law. Agent agrees to indemnify and hold harmless Company from and against any claims, damages, or harm related to any unauthorized disclosure by Agent.

I, _____ confirm and expressly approve, Eldercare Insurance Services, Inc. its affiliates and/or assigns, to electronically submit my paper producer agreement, appointment and/or contract to CSI Life Insurance Company, (CSI Life), its affiliates and/or assigns. Said producer agreement, appointment and/or contract is legally binding and enforceable.

Agent/Agency Name _____

Agent Signature  _____

Date _____



State Appointment Fees

Select the states in which you are licensed and wish to be appointed

THIS FORM IS NOT REQUIRED TO BE SIGNED OR RETURNED IF YOUR STATE DOES NOT CHARGE APPOINTMENT FEES. ONLY IF APPOINTING IN A NON RESIDENT STATE.

State	Res-Fee	Non-Res	State	Res-Fee	Non-Res	State	Res-Fee	Non-Res
AL	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	KY	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$50.00	OK	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00
AK	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	LA	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	OR	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00
AZ	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	MD	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	PA	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00
AR	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	MN	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	SC	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00
CA	<input type="checkbox"/> \$26.00	<input type="checkbox"/> \$26.00	MS	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	SD	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$20.00
CO	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	MO	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	TN	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00
DE	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	MT	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	TX	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00
GA	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	NE	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$8.00	UT	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00
HI	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	NV	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	VA	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00
ID	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	NJ	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	WA	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00
IL	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	NM	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	WI	<input type="checkbox"/> \$16.00	<input type="checkbox"/> \$40.00
IN	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	NC	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	WV	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00
IA	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00	ND	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	WY	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00
KS	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	OH	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00			

Total Amount of state appointment fees: _____

By signing this form you give Eldercare Insurance Services, Inc. permission to charge your credit card account to pay the appropriate license/appointment/renewal fees on your behalf. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your charge account.

PLEASE PRINT CLEARLY:

Cardholder Name: _____ (Exactly as it appears on the card)

Account No. _____

Account Type: Visa MasterCard AMEX Discover

Expiration Date: _____

CVV2: _____ 3 digit number on back of MC /Visa /Discover; 4 digit number on back of AMEX

Billing Address: _____

City, State & Zip: _____

Phone Number (required): _____

Phone# (required): _____

Transaction Amount to be charged to Account: _____

I authorize Eldercare Insurance Services, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for my license/appointment/renewal fees, for the amount indicated above (unless Eldercare Insurance Services, Inc. receives from me my written consent to charge a different transaction amount), and is valid for only a single transaction. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Agent Signature: _____ Date: _____