



NEW ERA LIFE INSURANCE COMPANIES
Appointment Checklist









PLEASE PRINT

Agent Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check the appropriate box for your choice of appointment:

New Era (NEC)		New Era – Midwest (NEMC)		Philadelphia American Life Insurance Company (PALIC)			
State	Fee	State	Fee	State	Fee	State	Fee
<input type="checkbox"/> Alabama	\$40.00 	<input type="checkbox"/> Georgia	\$14.84	<input type="checkbox"/> Alabama	\$40.00	<input type="checkbox"/> New Jersey	\$25.00
(Plans A, F, F (HD) and G)		(Plans A, C, D and N)		(Plans A, C, D and N)			
<input type="checkbox"/> Louisiana	\$20.00	<input type="checkbox"/> Illinois	N/A	<input type="checkbox"/> Arizona	N/A	<input type="checkbox"/> New Mexico	\$20.00
(Plans A, C, D and N)		(Medicare Supplement only)					
<input type="checkbox"/> Mississippi	\$25.00 			<input type="checkbox"/> Arkansas	N/A	<input type="checkbox"/> North Carolina	\$10.00
(Plans A, F, F (HD) and G)						(Final Expense Only)	
<input type="checkbox"/> North Carolina	\$10.00			<input type="checkbox"/> Georgia	\$14.84 	<input type="checkbox"/> Ohio	\$15.00
(Medicare Supplement Only)				(Plans A, F, F (HD) and G)		(Medicare Supplement Only)	
<input type="checkbox"/> Oklahoma	\$30.00 			<input type="checkbox"/> Illinois	N/A	<input type="checkbox"/> Ohio	\$15.00
(Plans A, F, F (HD) and G)				(Life Only)		(Life Only)	
<input type="checkbox"/> South Carolina	N/A			<input type="checkbox"/> Indiana	N/A	<input type="checkbox"/> Oklahoma	\$30.00
						(Plans A, C, D and N)	
<input type="checkbox"/> Tennessee	\$15.00			<input type="checkbox"/> Iowa	\$10.00	<input type="checkbox"/> Pennsylvania	\$15.00
						(Medicare Supplement, Life, Annuity and Medicare Advantage Gap)	
<input type="checkbox"/> Texas	\$10.00			<input type="checkbox"/> Kansas	\$5.00	<input type="checkbox"/> South Carolina	N/A 
						(Plans A, F, F (HD) and G)	
				<input type="checkbox"/> Louisiana	\$20.00 	<input type="checkbox"/> Texas	\$10.00
				(Plans A, F, F (HD) and G)		(Medicare Advantage Gap Only)	
				<input type="checkbox"/> Mississippi	\$25.00	<input type="checkbox"/> Utah	N/A
				(Plans A, C, D and N)			
				<input type="checkbox"/> Nebraska	\$8.00	<input type="checkbox"/> West Virginia	\$25.00
				<input type="checkbox"/> Nevada	\$15.00 		

Hierarchy (Please Print)

Agency/Agent _____ Agent #/Comm Code _____

Agent _____ Agent #/Comm Code _____

Sales Reps. _____ Agent #/Comm Code _____

To avoid delay with the appointment process, please sign all required documents and include when applying:

- Amendment Form
- Copy of Current State Insurance License (s)
- Appointment Fee or completed PAC Form



**AMENDMENT
GENERAL AGENT'S CONTRACT
SALES REPRESENTATIVE CONTRACT**

This General Agent's Contract Amendment and Sales Representative Contract Amendment (the "Amendment"), effective as of the Effective date below, is made a part of the General Agent's Contract or Sales Representative Contract by and between New Era Life Insurance Company, New Era Life Insurance Company of the Midwest, Philadelphia American Life Insurance Company and the undersigned General Agent or Sales Representative (the "Agreement").

The parties agree to amend to the Agreement as follows:

1. All references in the Agreement to the term "Company" shall mean "New Era Life Insurance Company", "New Era Life Insurance Company of the Midwest" and "Philadelphia American Life Insurance Company."
2. Except as specifically set forth above, all terms and conditions of the Agreement shall remain in full force and effect.

<hr/> <p>Print Name - General Agent or Sales Representative (Name as it appears on License)</p> <hr/> <p>Signature – General Agent or Sales Representative</p> <hr/> <p>Your New Era, New Era of the Midwest or Philadelphia American Life Insurance Company Agent Number</p> <hr/> <p align="center">Date</p>	<p align="center">New Era Life Insurance Company New Era Life Insurance Company of the Midwest Philadelphia American Life Insurance Company</p> <hr/> <p align="center">Signature</p> <hr/> <p align="center">Printed Name</p> <hr/> <p align="center">Title</p> <hr/> <p align="center">Effective Date (For Home Office Use ONLY)</p>
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