



CONSECO

**CONSECO MARKETING LLC**

TO: **Agent Care Contracting**

FROM:

COMPANY: **Conseco Insurance Group\***

DATE:

FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:

**Fax completed paperwork to IMO  
for approval.**

**Conseco fax number: (317) 817-2332**

PHONE NUMBER:  
**(800) 544-0467 Annuity**  
**(888) 754-3406 Health**  
**(800) 525-7662 Life**  
**(800) 688-5738 ext. 7574 Worksite Life**  
**(800) 689-0240 ext. 7577 Worksite Annuity**

RE: **Contract Application**

CHECKLIST:

- CONTRACT APPLICATION
- AGENT SIGNATURE
- IMO SIGNATURE
- COMMISSION LEVEL
- EFT AUTHORIZATION

Comments:

11825 NORTH PENNSYLVANIA STREET  
CARMEL, IN 46032

\*Conseco Insurance Group consists of Conseco Health Insurance Company, Conseco Life Insurance Company, Conseco Insurance Company, and Washington National Insurance Company.



**CONSECO MARKETING, LLC CONTRACT APPLICATION**

TYPE OR PRINT

Appointment Type:  Individual  Corporate

Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Mailing Preference:  Home  Business

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

***(YOUR EMAIL ADDRESS IS REQUIRED TO ACCESS ONLINE COMMISSION INFORMATION.)***

For which states do you wish non-resident appointments? \_\_\_\_\_

*(attach copy of current licenses; fees required for non-resident appointments for health life and annuity companies.)*

Errors and omissions coverage?  Yes or  No If yes, please provide name of carrier and amount: \_\_\_\_\_

BACKGROUND – Please provide a complete explanation of any “yes” answers on a separate sheet:

1. Have you ever had your insurance license or securities license suspended or revoked or have you ever had any application for an insurance license denied by any insurance department?  Yes  No
2. Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?  Yes  No
3. Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed or have you ever been terminated by any company for cause?  Yes  No
4. Are you at the present time involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?  Yes  No
5. Do you owe an insurance company or other person for any premiums collected or money advanced?  Yes  No
6. Has any company or other person alleged that it has not received premiums or other monies due such company or person from you?  Yes  No

**CONDITIONS AND AGREEMENTS**

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below. I hereby agree that if and when any or all of the companies issue to me Sales Representative Agreement CI-339 (08-09) and Exhibit (a) for which I hereby apply, I will be bound by Agreement CI-339 (08-09) and Exhibit (a). I understand that my supervising office has specimen forms of Agreement CI-339 (08-09) and Exhibit (a) on file and I have had the opportunity to review Agreement CI-339 (08-09) and Exhibit (a). Submitting to the company any application for an insurance policy or annuity contract shall constitute my agreement to Agreement CI-339 (08-09) and Exhibit (a), and all of the terms, conditions, and provisions set forth therein. I acknowledge that by signing this Contract Application and by submitting any such insurance application for an insurance policy or annuity contract, I have so agreed to Agreement CI-339 (08-09) and Exhibit (a) and no further signature by me shall be necessary. FORM W-9. I hereby certify that

(1.) The payee’s TIN is correct; (2.) The payee is not subject to backup withholding due to failure to report interest and dividend income.

*\* (Note: You must mark out #2 if you are subject to backup withholding) (3.) The payee is a U.S. person.*

I have executed this Contract Application as evidence of the understanding, acceptance and consent of its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgment has been approved. I understand that, as a part of its approval process, the Company may obtain an investigative consumer report which will contain information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report and share findings with others who have a business need to know or who are in a business or contractual relationship with Conseco Marketing, LLC.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE IMO:**

IMO: \_\_\_\_\_

IMO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Agent Reports Directly to: \_\_\_\_\_ Agent Number: \_\_\_\_\_

**TO BE COMPLETED BY IMO**

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

**Please indicate the product(s) your agent has committed to sell by placing their level in the corresponding box(es).**

**Health Products**

Medicare Supplement - CIC	<input type="text"/>
Medicare Supplement - CHIC	<input type="text"/>
Providence (Whole Life)	<input type="text"/>
Hospital Secure (Indemnity)	<input type="text"/>
Accident Secure Plus	<input type="text"/>
Cancer Secure (Lump Sum)	<input type="text"/>
Pulse Protection Series (KH Heart/BM Accident)	<input type="text"/>
CH Cancer	<input type="text"/>
Solutions (CN Cancer)	<input type="text"/>
Critical Solutions (Critical Illness)	<input type="text"/>
Critical Solutions (Critical Illness) - <u>GROUP ONLY</u>	<input type="text"/>
Wage Guard (Short Term DI) - <u>GROUP ONLY</u>	<input type="text"/>

**Life Products**

Life Options (Indexed Universal Life)	<input type="text"/>
WSUL II (Worksite Universal Life)	<input type="text"/>
Term/Mortgage Term	<input type="text"/>

**Annuity Products**

Vesting option requested: \_\_\_\_\_

## CONSECO MARKETING, LLC

### *Release of Information*

I have given permission to Conseco Marketing, LLC or its duly authorized representative to contact any organization or individual that has knowledge of my past or present employment and financial status. I also give permission for Conseco Marketing, LLC or its duly authorized representatives to provide information, ask questions, or share findings regarding my background, including information from my credit report, with others who have a business need to know or who are in a business or contractual relationship with Conseco Marketing, LLC.

In accordance with the privacy act (5 USC 552), Freedom of Information Act and the Fair Credit Reporting Act, I have expressly authorized any person associated with any educational institution, past or present employer, law enforcement agency (local, state, or federal), any private or public medical institution, office, practice, person or practitioner, or any person who has control over any records relating to me or personal knowledge of my character, work experience, criminal or civil records, motor vehicle records, education, medical history, worker compensation history, and overall mode of living, to release this information.

I have released all persons from liability as a result of providing true, accurate information. I also authorize that a copy, photocopy or facsimile of the release contained in the Contract Application be as valid as the original.

### **Authorization for Release of Military History Information**

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record(s) to release all such information including information of photocopies from my military personnel records and/or any related records. This could include a photocopy of my DD Form 214, Report of Separation. I also authorize that a copy, photocopy or facsimile of this release be as valid as the original.

### **Required Notice Under FCRA**

Public Law 91-508 (Fair Credit Reporting Act) requires that we advise you that routine inquiries, such as a consumer report or an investigative consumer report, may be obtained during our initial or subsequent processing which will provide applicable information concerning credit rating, character, general reputation, personal characteristics and mode of living. This information may be obtained from one or more of the commercial reporting agencies offering this service as well as from others. Additional information as to the nature and scope of the inquiry, if one is made, will be provided.

I acknowledge the delivery to me of notice that routine inquiries may be made in connection with my application for a contract with Conseco Marketing, LLC.

### **Certification**

I understand that the answers given by me to the information contained in the Contract Application and the statements made by me are complete and true to the best of my knowledge and belief. I further acknowledge that I have read all of the above and consent freely to the release and waivers authorized. I understand that any misrepresented, inaccurate, or omitted information may result in denial of appointment or disciplinary action up to and including termination of contract.



**Agent Information**

Name on Contract \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
*Note: only one of the following fields needs to be completed. Please provide the Social Security or Tax ID number if you would like ALL of your agent numbers under that ID updated. If not, please list only the Agent Number(s) to be updated.*  
 Social Security Number or Tax ID on Contract \_\_\_\_\_  
 Agent Number(s) \_\_\_\_\_

**Bank Information**

Bank Name \_\_\_\_\_  
 ABA Routing Number \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_  
 Checking Account  Savings Account

Sue & Bob Agent 1234 Main St. Anytown, USA 10000		Date _____	1234
Pay to the order of: _____		\$	<input type="text"/>
			Dollars
Anytown Bank Anytown, USA 10000 For _____	ABA Routing Number	Bank Account Number	Check Number
<input type="checkbox"/> 250250025	<input type="checkbox"/> 0500454613	1234	

**ABA Routing Number:** The routing number must be nine digits. The first digits must be 01 through 12 or 21 through 32. Do not use a deposit slip to verify the number because it may contain internal routing numbers that are not part of the actual routing number. If your bank has recently had a merger or name change, please confirm your routing number.

**Bank Account Number:** The account number can be up to 17 digits and include numbers and letters. Omit hyphens, spaces, and special symbols. Be sure not to include the check number.

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

Please return to:  
 Commission Accounting  
 P.O. Box 1956  
 Carmel, IN 46082-1956  
 Or fax to (317) 817-2855

Please allow 7 business days for your request to be processed.  
 Please note that EFT transmissions can take up to 72 hours to be posted to your account.

## **FAIR CREDIT REPORTING ACT DISCLOSURE**

A consumer report may be obtained, and used, by Safe Harbor Financial, Inc. in connection with the consideration of your application. A consumer report is any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics of mode of living.

By signing below, you acknowledge that you have received and understand this Disclosure, and you authorize Safe Harbor Financial, Inc. to obtain consumer reports relating to you.

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Date

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Applicant's Name (Printed or Typed)

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Social Security Number

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Applicant's Signature