

Revised 5.22.08

This packet only applies to agents who have an existing appointment with Golden Rule and wish to transfer to AHCP – if you are a new Golden Rule Agent go to <https://secure.ameri-choice.com/enroll/pdf/GoldenRuleAppointmentPacket.pdf> to retrieve your contracting package.



FAX to 972.915.3288

Or

E-mail contracting@ahcp-ausa.com

GOLDEN RULE

UnitedHealthcare[®]
Underwritten By Golden Rule

CONTRACTING AND APPOINTMENT PAPERWORK

Print Agents Name

Agents Contract Level

E-mail address

Phone number

Print Direct Uplines Manager/Agent name

FAX TO 972.915.3288 or E-mail a scanned copy to contracting@ahcp-ausa.com

SUB-BROKER CONTRACT CHANGE REQUEST/ASSIGNMENT FORM

Subject to acceptance by Golden Rule Insurance Company, please change my existing contract with Golden Rule to show I am a sub-broker under the Key Broker contract between America's Health Care/Rx Pln and Golden Rule Insurance Company.

<input type="checkbox"/>	Pay Com missions directly to me, and the service fee to the Key Broker.
<input type="checkbox"/>	Pay Com missions to agency tax id # _____ and service fee to the Key Broker.
<input checked="" type="checkbox"/>	Pay Com missions directly to the Key Broker

For value received, the undersigned Sub-Broker assigns to the Key Broker all rights, title and interest held by Sub-Broker in the commissions payable to Sub-Broker under the Golden Rule Insurance Company Independent Broker's Contract ("Assignment"). This Assignment applies only to business written by the Sub-Broker after the effective date of this Assignment.

This Assignment may be terminated by written notice to the Key Broker and Golden Rule Insurance Company. Termination of this Assignment will not revoke the assignment of commissions on business written while the Assignment was in effect.

Key Broker agrees to indemnify and hold Golden Rule harmless from any claim or demand resulting from this Assignment of Commissions.

Agreed and accepted:

Must be completed by the Sub-Broker

Sub-Broker: _____		
X		
Sub-Broker Signature		
Printed Name		
Producer Number		
Date		
Address		
City	St	Zip

Must be completed by the Key Broker/Principal

Key Broker: <u>America's Health Care/Rx Pln</u>		
By: _____		
X		
Authorized Signatory of Agency		
Printed Name		
020690863B	F3A02	
Tax ID Number	Agency Code	
Date		
4929 W. Royal Lane 2 nd Floor		
Address		
Irving	TX	75063
City	St	Zip
Do you authorize this Sub-Broker to be advanced?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Accepted by Golden Rule Insurance:

Golden Rule National Key Broker Sales Manager _____

Date _____

Effective Date: _____

GOLDEN RULE USE ONLY			
KB Status	KB # of Subs	KB # of Subs Allowed	KB Past 12mth Prod
Broker past 6mth Prod	Current Agency Code	Appointment Date	

ASSIGNMENT OF COMMISSIONS AND OTHER COMPENSATION

To: Golden Rule Insurance Company and/or American Medical Security Life Insurance Company and/or PacifiCare Health Plan Administrators, Inc., and/or United Healthcare Insurance Company, and/or any affiliated company (collectively, "the Company").

If and when the Company owes me compensation because I have sold or secured the sale of insurance products of the Company or for any other reason, I (the undersigned "Assignor") do not wish to receive that compensation, but instead assign all of the compensation to, and direct the Company to pay all of it to, the person or entity I have written below as Assignee:

<u>AHCP</u>		<u>020690863</u>		
Assignee Name (person/entity to be paid)		Social Security/tax ID Number		
<hr/>				
Street	City	State	ZIP	Phone

This Assignment applies to (select ONE):

- all first year and renewal compensation; or
- all compensation attributable to my business written *after* the date this form is processed by the Company (unless for compensation attributable to my business written prior to the date this form is processed by the Company for which my Assignee has received advances on the compensation related to such business, in which case the assignment applies to all business written after the effective date of the Commission Advance Agreement (the "Advance Agreement") between the Company and my Assignee).

I understand and agree that:

1. Payments made by the Company pursuant to this Assignment fully discharge all of the Company's financial obligations to me under any compensation arrangement between us (individually or collectively the "Contract").
2. This Assignment is subject to, and does not affect, any terms or conditions of the Contract except as specifically provided herein.
3. This Assignment is subject to applicable state and federal laws regarding assignment of commissions by insurance producers (by whatever name called). The Company will not be bound by this Assignment in any instance in which it believes applicable law prevents it from paying the Assignee, and it then may pay the person or entity that it, in its sole discretion, determines to be appropriate under the circumstances.
4. This Assignment shall remain in effect, and is binding on both myself and the Company, until revoked. I may revoke this Assignment by sending written notice to the Company. Such revocation will only apply to business written after the effective date of the revocation, and this Assignment will remain in effect for business written for the Company prior to that date. Revocation will be effective on the latter of the date I request, or thirty (30) days after the Company's receipt of the notice.
5. This Assignment does not apply to merchandise, trips or other non-cash incentives, awards, contests or other remuneration (collectively "prizes") that the Company may offer from time to time. It also does not apply to a cash equivalent in the event either I or the Company choose to remit or accept such cash equivalent in lieu any particular prize.
6. Assignor understands the Assignee may enter into an Advance Agreement with the Company. The Advance Agreement entitles the Assignee to receive an advance on the payment of compensation for business issued by Company after the effective date of the Advance Agreement. Assignor understands and acknowledges that the Company, as a condition to agreeing to the Advance Agreement, requires the Assignee obtain an assignment of commissions from all sub-brokers, including Assignor.

Assignor Signature

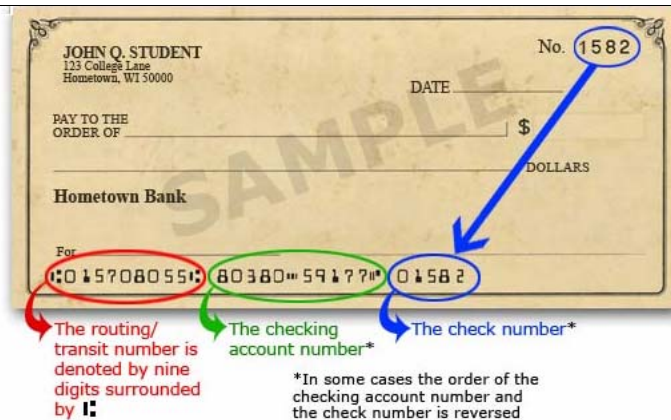
Assignor Printed Name

Date Signed

Authorization for Automatic Deposit

I (We) Hereby authorize AHCP to initiate direct deposit of commissions and, if necessary, make corrections for any entries made to my account in error.

Agent or Agency Name	
Social Security Number or Tax ID Number	
Phone Number	Email Address
Please indicate transaction type: <input type="checkbox"/> Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
Please indicate type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Financial Institution:	
Bank—City, State, Phone Number:	
Routing Number:	
Account Number:	



If you don't have paper checks, contact your bank to obtain your bank routing number and account number information

Agent Signature _____ Date _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK