



An Excellus Company

MedAmerica Insurance Company  
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York  
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida  
Home Office: Winter Park, FL

## Producer Profile

### **Section 1 - Personal Information (REQUIRED):**

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
MM DD YYYY

Home Address: \_\_\_\_\_  
Physical Street Address Required, PO Box Unacceptable) City State Zip Code County

Mailing Address (if different from above): \_\_\_\_\_  
Street Address City State Zip Code County

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

Email Address (Optional): \_\_\_\_\_

### **Section 2 – Agency Information – If you are the principal officer of a corporation and commissions are being assigned to the agency, please complete the following:**

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

Agency FEIN: \_\_\_\_\_

### **Section 3 – Errors & Omissions Information (REQUIRED):**

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

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **Section 4 – Agent’s Statements (REQUIRED):**

If your answer is “YES” to any of the following, please provide details on a separate sheet of paper and attach

- Have you ever been convicted or pled nolo contendere for any offense other than minor traffic violations? \_\_\_\_\_
- Have you ever filed for bankruptcy, been a party in an insolvency proceeding or been a party to a tax lien? \_\_\_\_\_
- Has your insurance license ever been fined, suspended, placed on probation, or is currently under investigation? \_\_\_\_\_
- Are you now, or have you ever been, in debt to any insurance carrier? \_\_\_\_\_

### **Section 5 – Fair Credit Reporting Act Notice:**

You are hereby notified that a background investigation and license verification will be completed on You prior to Your appointment with Us. You authorize a release of written and verbal information about Yourself that may contain facts about Your background, general reputation and license to solicit insurance. You have the right to make a written request for information on the Reporting Agency as well as the nature and scope of the investigation. Furthermore, You have the right to (a) be told if the information in the investigative report negatively impacts Your application; (b) contact the Reporting Agency for full disclosure of the information contained in the investigative report; (c) dispute inaccurate information with the Reporting Agency. You can request a copy of the FCRA by contacting the Federal Trade Commission, Bureau of Consumer Protection - FCRA, Washington, DC 20580

### **Section 6 – Agent’s Certification (REQUIRED):**

I certify that all of the information provided above is true and accurate.

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

### **Section 7 – Sponsoring General Agent’s Information (REQUIRED):**

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

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

Agency Name (if applicable): \_\_\_\_\_

**Continue to Page 2: Both pages must be completed and returned for appointment**

**Section 8 - Documentation Checklist/Worksheet - Attach and return with application:**

Resident Appointment Requested In: \_\_\_\_\_

- Attach copies of your individual and/or agency resident licenses
- LTC Certification, if required by state regulation
- Partnership Certification, if required by state regulation
- Acknowledgment of Training signed & attached for appointment in MA.

Nonresident Appointment Requested In: \_\_\_\_\_

- Check made payable to "MedAmerica Insurance Company" for applicable nonresident appointment fees. Please contact your Sponsoring General Agent for a current fee listing.
- LTC Certification, if required by state regulation
- Partnership Certification, if required by state regulation
- Acknowledgment of Training signed & attached for appointment in MA.

**Section 9 – New Business:**

Have you solicited an application on MedAmerica's behalf?

- No
- Yes – Please provide application signature date: \_\_\_\_\_

**Section 10 - Code of Conduct (REQUIRED):**

You agree to:

1. Possess a thorough understanding of the benefits and limitations of each long-term care insurance policy presented.
2. Maintain an effective working knowledge of applicable governmental programs (e.g. Medicare and Medicaid) as each relates to long-term care insurance and the consumer's needs.
3. Ensure that all medical questions on long-term care applications are answered thoroughly and truthfully for accurate underwriting.
4. Clearly identify yourself as an independent representative of MedAmerica Insurance Company or MedAmerica Insurance Company of New York.
5. Obey all laws governing business and professional activities and honestly represent product(s) in an accurate and ethical manner without fraud, misrepresentation, exaggeration, coercion, scare tactics or concealment of pertinent facts (e.g. products are long term care insurance, not disability income insurance or any other type of insurance; and any possible tax advantages are subject to change and should be discussed with a consumer's accountant or tax advisor); and without taking advantage of the customer or potential customer that could lead to the customer's detriment in insurance choices based on need and financial capability.
6. Replace or add to a customer's current long-term care insurance coverage only when it is clearly in the policyholder's best interest. (Consider appropriateness of benefits, Company policy(ies), pricing due to new age, pre-existing condition limitations, penalties, and changes in medical history .) In the case of replacement, make sure new coverage is in effect before canceling old policy(ies).
7. Use only Company authorized promotional and marketing materials in the selling process. Fairly focus presentations on positive benefit comparisons rather than disparaging remarks about competition.
8. Treat a customer or potential customer with due courtesy, respect and priority in accordance with thoughtful, ethical and legal business practices.

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

**You may not solicit applications on Our behalf until your appointment has been processed according to state insurance department regulations. Applications dated prior to this agreement and/or appointment effective date will be returned.**