

## **Medicare Supplement – Admiral Life Insurance Company**

Admiral Life Insurance Company - Thanks for looking at our Opportunity to become an Independent Contractor with Affordable Health Insurance Agency, LLC. It was a pleasure talking with you! Here is all the paperwork needed for contracting with us. If you have any questions, feel free to call us at 888-883-8490 or 262-784-7344.

- Print off and Fill out this paper work with Black Pen, print and write legible.
- Please Mail this contracting and copy of your State(s) License to us or direct to the company that you wish to be appointed in. Include a Copy of your Errors and Omissions Insurance (E & O). Admiral Life Insurance Company does not require you to have E & O insurance; **however our agency does require it. If you do NOT HAVE E & O coverage, contact us and we can refer you to the vendor we use. Runs approximately \$400 for the year!**
- **Reminder to send the appropriate Fee's and Make Checks Payable to "AIMC". See below the appropriate fee's for each state you wish to be appointed in.**
- You can also mail the contracting to our office:

Affordable Health Insurance Agency, LLC  
Attn: Kevin  
17100 W. Bluemound Road Ste 202  
Brookfield, WI 53005  
[www.etruehealth.com](http://www.etruehealth.com)

- Any questions feel free to call me at the number above.

"You Are Paid Direct"

# Admiral Life Insurance Company of America

## General Agent's Contracting Instructions

~Licensing Checklist~  
Read Carefully!

✓ For WI

- Appointment Fees** – \$22.00 Payable to AIMC (\$7 State appointment fee; \$15 for criminal background investigation, credit history, and Vector One.)
- Admiral Life Insurance Company Code of Ethics** – Sign at bottom
- New Agent Data Sheet** – Complete all information and sign.
- Two (2) General Agent Contracts** – Make sure to include your name on the first page, and address on last. Sign and date the back of both contracts
- EFT Direct Deposit Form** – This form is Optional
- W-9 Form**
- Two (2) Signed Commission Schedules**
- Copy of Current License** – Include a photocopy of your current license. Appointments cannot be processed without it.
- NOTE** – No Applications may be written until agent's effective date and writing number have been assigned.
- Send all of the above to:**

Mail to:

JSA

New Contracting

2064 Allouez Ave

Green Bay WI 54311



Jack Schroeder and Associates Inc.

State	Resident Fees	Non Resident Fees	*Appointed before Submitting Applications?
AL	\$30.00	\$30.00	YES
AK	No Fee	No Fee	NO
AZ	No Fee	No Fee	NO
AR	No Fee	No Fee	YES
CA	\$24.00	\$24.00	YES
CO	No Fee	No Fee	NO
CT	\$45.00	\$45.00	YES
DE	\$25.00	\$25.00	YES
DC	\$25.00	\$25.00	NO
FL	\$60.00	\$60.00 + \$6/County	NO
GA	\$20.00	\$20.00	YES
HI	No Fee	No Fee	NO
ID	No Fee	No Fee	YES
IL	No Fee	No Fee	NO
IN	No Fee	No Fee	NO
IA	\$10.00	\$10.00	NO
KS	\$5.00	\$5.00	NO
KY	\$40.00 (corp fee \$100)	\$50.00 (corp fee \$120)	YES
LA	\$20.00	\$20.00	YES
ME	\$30.00	\$70.00	NO
MD	No Fee	No Fee	NO
MA	\$75.00	\$75.00	YES
MI	\$5.00	\$5.00	YES
MN	\$10.00	\$10.00	NO
MS	\$10.00	\$10.00	YES
MO	No Fee	No Fee	YES
MT	No Fee	No Fee	YES
NE	\$8.00	\$8.00	YES
NV	\$14.00	\$14.00	NO
NH	\$25.00	\$25.00	YES
NJ	No Fee	No Fee	YES
NM	\$23.00	\$23.00	YES
NC	\$20.00	\$20.00	NO
ND	\$15.00	\$15.00	NO
OH	\$20.00	\$20.00	NO
OK	\$40.00	\$40.00	NO
OR	No Fee	No Fee	NO
PA	\$15.00	\$15.00	NO
RI	No Fee	No Fee	NO
SC	\$40.00	\$40.00	YES
SD	\$10.00	\$20.00	YES
TN	\$15.00	\$15.00	NO
TX	\$10.00	\$10.00	NO
UT	\$5.00	\$5.00	YES
VT	\$60.00	\$60.00	YES
VA	\$12.00	\$12.00	NO
WA	\$20.00	\$20.00	YES
WV	\$25.00	\$25.00	YES
WI	\$7.00	\$24.00	YES
WY	\$15.00	\$15.00	YES



## Admiral Life Insurance Company of America

### Admiral Life Insurance Company of America Code of Ethics

Admiral Life Insurance Company of America 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 Company regulations.

As an Admiral Life Insurance Company of America 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 Admiral Life Insurance Company of America's 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.
- Not place the Company 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 the Company's rights or requirements; bind the Company 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 the Company 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 the Company.
- Not represent the Company in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of the Company.

X

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

# NEW AGENT DATA SHEET

## Admiral Life Insurance Company of America

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Name \_\_\_\_\_

E-mail address\*\* \_\_\_\_\_

\*Unless otherwise requested, we will use your business address for mailing purposes. A physical address is required to send supplies.

**\*\*PLEASE INCLUDE E-MAIL ADDRESS\*\***

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

A. Resident License State \_\_\_\_\_

B. Resident License Number \_\_\_\_\_

C. Licensed for Life Only  Life and Health  Other

D. Business will be conducted as Individual  Partnership  Corporation

E. Partnership/Corporation Name \_\_\_\_\_

Tax ID # \_\_\_\_\_

**\*\* PLEASE REMEMBER TO ENCLOSE A COPY OF YOUR CURRENT LIFE LICENSE \*\***

### LICENSE QUESTIONS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you indebted to any Insurance Company, Agency, General Agent or Manager (including debit balance)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been reported to Vector One for a debit balance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other than minor traffic violations, have you ever been convicted of a misdemeanor or felony crime?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past seven years, have you filed bankruptcy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been subject to any insurance regulatory investigation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been subject to any regulatory action from any State Insurance Department including, but not limited to fines, probation, regulatory action, disciplinary action, cease and desist orders, license suspension, license revocation or license refusal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past five years, have you been a plaintiff or defendant in any legal action?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any outstanding liens or judgments against you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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 BELOW\*\***

**INSURANCE EXPERIENCE**

List three carriers you are currently licensed with:

- 1. Name \_\_\_\_\_ Date appointed \_\_\_\_\_ OK to Contact YES NO
- 2. Name \_\_\_\_\_ Date appointed \_\_\_\_\_ OK to Contact YES NO
- 3. Name \_\_\_\_\_ Date appointed \_\_\_\_\_ OK to Contact YES NO

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.

X  
\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Recommended By



**Admiral Life Insurance  
Company of America**

**AGENT'S CONTRACT**

This contract with attachments, executed in duplicate originals, is entered between you (the Agent) and Admiral Life Insurance Company of America of Rome, Georgia.

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

**A. DESIGNATION & APPOINTMENT**

**1. Designation**

The Agent named above is herein referred to as You or Your. Admiral Life Insurance Company of America 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 Admiral Life 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 Admiral Life Insurance Company of America 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.

**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 long term care, Medicare supplement, or life insurance markets other than the sale of insurance.

**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 Admiral Life Insurance Company of America, P. O. Box 33, Rome, Georgia 30162-0033. 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.

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 Rome, Georgia.

**9. Effective Date**

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

**SIGNATURES:**

X \_\_\_\_\_  
AGENT

*Kevin Truebenbach* \_\_\_\_\_  
SPONSORING AGENT

\_\_\_\_\_  
PRINT NAME

*Kevin Truebenbach* \_\_\_\_\_  
PRINT NAME

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADMIRAL LIFE INSURANCE  
COMPANY OF AMERICA:

AIMC:

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_



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**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 Admiral Life 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 Admiral Life Insurance Company of America described in Exhibit "A" attached hereto and made a part hereof by reference.

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- (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.

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**SIGNATURES:**

X \_\_\_\_\_  
AGENT

\_\_\_\_\_  
PRINT NAME

DATE: \_\_\_\_\_

*Kevin Truembach*  
\_\_\_\_\_  
SPONSORING AGENT

*Kevin Truembach*  
\_\_\_\_\_  
PRINT NAME

DATE: \_\_\_\_\_

**ADMIRAL LIFE INSURANCE  
COMPANY OF AMERICA:**

\_\_\_\_\_  
DATE: \_\_\_\_\_

**AIMC:**

\_\_\_\_\_  
DATE: \_\_\_\_\_

**EFT Direct Deposit Electronic Funds Transfer  
Authorization Agreement**

We offer an easy and convenient way for you to receive your commission checks. Within 24 banking hours of the **WEEKLY** commission advance cycle, we electronically transmit your commission information to our bank, which in turn transmits to your bank by the following morning. Banks will vary, but most will post your funds at the close of that business day.

More and more of our agents and agencies are using this program for these reasons:

- \* The hassle of waiting for your check to arrive is gone, **increasing your time** available to sell.
- \* EFT Direct Deposit is **FREE!** There is a \$2.50 charge for all paper checks.
- \* Needless trips to the bank are eliminated.
- \* **Overnight express fees are eliminated.**

EFT Direct Deposit is easy to get started. Simply complete this form and submit along with a voided check. EFT Direct Deposits will begin two weeks after we receive your authorization and check.

I hereby authorize **Admiral Life Insurance Company of America** to initiate credits to my \_\_ Checking or \_\_ Savings account with the Financial Institution indicated below. If the Company determines that funds were deposited to my account in error, I authorize the bank to return funds to the Company upon request by the Company.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Transit Number \_\_\_\_\_

This authority is to remain in effect until you have received written notification from me of its termination.

Bank Account Name \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Number \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**YOU MUST ENCLOSE A VOIDED CHECK FOR US TO PROCESS THIS FORM.**

**PLEASE DO NOT SEND A DEPOSIT SLIP**





Admiral Life Insurance  
Company of America

### Wisconsin Attained Age Commission Schedule

#### Medicare Supplement Commissions\*

The effective date of this schedule is the date of the contract to which this schedule is attached unless a later date is stated.

Plan	Age	Policy Years	Policy Years
		1 - 6	7 +
ALL PLANS**	<64 - 80	18%	3%
	81+	8%	0.5%

\*Commissions are applied to commissionable premium only. Commissionable premium is the original gross premium less both the initial policy fee and the premium designated by the Company to cover the Part B Deductible amount if applicable to the plan purchased. Commissions are not paid on any increases in premium including attained age increases or experience rate increases.

\*\*All Plans may not be available in all states. Please refer to individual rate sheets for plan availability.

Agency / Agent (print name)

\_\_\_\_\_  
By (Signature) *X*

Admiral Life Insurance Company of America

By: \_\_\_\_\_ Date: \_\_\_\_\_

CS-008-02

22707

*Recruited by Kevin Trueberbach  
Pay Agent Direct!*



Admiral Life Insurance  
Company of America

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Agency / Agent (print name)

\_\_\_\_\_  
By (Signature) *X*

Admiral Life Insurance Company of America

By: \_\_\_\_\_ Date: \_\_\_\_\_

CS-008-02

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