

Humana 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 Fax or mail me a copy of your State(s) License that you wish to be appointed in and a Copy of your Errors and Omissions Insurance (E & O). If you do not have E & O, this is something that you will need to obtain within 90 days of Contracting. Ask me about your E & O options. We currently have a company that provides E & O coverage for the year and runs about \$400/year.
- Fax to 262-821-0508 Attn: Kevin
- If you do not have a fax then mail to:

Affordable Health Insurance Agency, LLC
Attn: Kevin
17100 W. Bluemound Road Ste 202
Brookfield, WI 53005

- Any questions feel free to call or email me sales@etruchealth.com.

NOTE: The Last FORM on this application is a form we need filled out by you so your Commissions will be direct Deposited into your Checking Account. Please attach a voided Check!

AGENT INFORMATION

Social Security # _____

Full Name _____
LAST FIRST MIDDLE SUFFIX TITLE

Correspondence Name _____ Sex _____ Date of Birth _____

Primary Phone (____) _____ Secondary Phone (____) _____ Fax #(____) _____

E Mail Address _____

BUSINESS ADDRESS

Agency Name _____ (For mailing purposes only)

Street _____ PO Box _____

City _____ State _____ Zip _____ County _____

SHIPPING ADDRESS (must be street address)

Same as Business Address Yes No

Agency Name _____ (For mailing purposes only)

Street _____ PO Box _____

City _____ State _____ Zip _____ County _____

RESIDENT ADDRESS

Street _____ PO Box _____

City _____ State _____ Zip _____ County _____

BUSINESS INFORMATION

List the name(s) of other Insurance Companies you represent

How were you referred to Humana? _____

AGENT OR AGENCY AFFILIATION (Name of agent or agency you are working with, if applicable.)

Name Kevin Truebenbach

Fed. Tax ID # or SS # KEVIN TRUEBENBACH

Address 17100 W. Bluemound Rd Ste 204
Brookfield, WI 53005
Office: 262-784-7344 Toll Free: 888-883-8490

Commission Payments

If directing your commissions to an agency, complete the Agent Business Transferal Form (Appendix, page 31).

Note that additional contract booklet for agency will need to be completed.

Direct Deposit

If you would like to sign up for Direct Deposit of your commissions, please complete the Direct Deposit form (Appendix, page 33).

Agent information form continued on page 4

BACKGROUND INFORMATION

List your occupation/employment for the past five years, most recent first.

FROM Mo/Yr	TO Mo/Yr	EMPLOYER NAME/ADDRESS	DUTIES	REASON FOR LEAVING

BACKGROUND QUESTIONS

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| A. Are you presently indebted to any insurer or any insurance company or managing general agent? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are there any criminal charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever: | Yes | No |
| C. been the subject of any investigation or proceeding by any insurance department? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. had any agency contract or company appointment canceled for cause (e.g. misrepresentation, misappropriation, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. been suspended, expelled, fined, barred, censured or otherwise disciplined or found to have violated any law or rule by any insurance department or by any party in the insurance industry? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. been refused a license to sell insurance or membership in any organization or had a license suspended or revoked by any insurance department? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. been convicted of or pleaded nolo contendere to any felony or misdemeanor, except for traffic offenses? If yes, give complete information and attach copy of court order. | <input type="checkbox"/> | <input type="checkbox"/> |
| I. gone through bankruptcy, had salary attached or had any liens or judgements outstanding against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| J. been named a party in any lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> |

For any "Yes" answers, please attach a detailed explanation.

ENCLOSE a copy of your state insurance license and/or appropriate state appointment form for the state(s) in which you will be selling Humana products.

FOR HUMANA USE ONLY

Authorized Signature _____

Sales Representative (Territory) _____

Commercial Medicare (Facility # _____)

Group Producing Agent or Agency Contract

Applicable Companies

- Humana Insurance Company
- Humana Health Plan, Inc.
- and all of their affiliates

The Applicable Companies

(hereinafter referred to as the "Company") and

X of X
(agent or agency name) (city) (state)

(hereinafter referred to as "GPA"),

IN CONSIDERATION of the mutual promises and agreements set forth herein below, hereby enter into this Group Producing Agent or Agency Contract which shall include all amendments to this Group Producing Agent or Agency Contract, current and future Exhibits, Attachments, Producer Partnership Plans and other written agreements which may be entered into by the parties (collectively the "Contract") and AGREE AS FOLLOWS:

1. APPOINTMENT AND RELATIONSHIP

- The Company hereby appoints the GPA to act on its behalf and represent it only to the extent authorized herein.
- The GPA is an independent contractor with respect to the Company, and nothing contained herein shall create or be construed to create the relationship of employer and employee between the Company and the GPA or between the Company and any employee of the GPA.

2. AUTHORITY AND RESPONSIBILITY OF GPA

- The GPA is hereby authorized on behalf of the Company, but only in those states where the Company is authorized to do business and provided that the GPA is in compliance with all applicable regulatory licensing requirements at the time of solicitation, to solicit applications for the approved products offered by the Company which are listed in Producer Partnership Plan or other written documents provided to the GPA by the Company, which are made a part of this Contract.
- The GPA is authorized to collect the initial payment only for any policy or contract issued upon application solicited by the GPA, and to deliver and service policies, contracts and certificates of group coverage so issued, provided:
 - receipts for such payments shall only be given on forms furnished by the Company for that purpose.
 - all such payments shall be received and held in a fiduciary capacity by the GPA as trustee for the Company.
 - all checks should be made payable to the Company unless the GPA receives prior permission from the Company to the contrary, and in no event is any GPA authorized to accept any check in excess of \$5,000 not specifically made payable to the Company.
- The GPA may not use the Company's name, logo or any proprietary information on any printed or electronic advertising or Internet site without prior written approval of the company. The GPA may create an electronic link from the GPA's Internet site to the Company's Internet sites, but the GPA may not reproduce any of the Company's Internet content or programs on the GPA's Internet sites. The GPA may not alter any materials considered proprietary by the Company in electronic, printed or any other form.
- GPA must fully and accurately represent to all parties the terms and conditions, including limitations and exclusions, of the products and services of the Company, consistent with and according to Company marketing materials, certificates of insurance, subscriber and group contracts, insurance policies and benefit plans.
- The GPA is hereby authorized to refer to the Company, potential applicants for Medicare policies, including Medicare HMO and Medicare Supplement. The names of individuals potentially eligible for Medicare policies may be referred only in Company approved service areas, in which Company is authorized to do business. Any referral must be performed consistent with the Company's Medicare referral program, this Contract, and all applicable laws. The GPA must be licensed in the state that has jurisdiction over the transaction, and appointed on behalf of the Company. The GPA will refer the name of any prospect, and the source of the lead, to authorized Company Medicare Sales Personnel. A GPA who makes a Medicare referral is not the "Agent of Record" for the Medicare policy.

3. violation of the laws, regulations, or rules of any jurisdiction by the GPA in which the GPA operates, or of any governmental authority exercising jurisdiction over the GPA.

Termination for "cause" may, at the option of the Company, result in forfeiture of all commissions which may be due under this Contract as of the termination date or become due thereafter.

C. On the effective date of a voluntary termination of this Contract by the GPA:

1. The GPA shall be terminated as the agent for any policies the GPA has with the Company; and
2. The GPA will no longer earn or receive commissions from the Company.

7. SIGNATURES

I hereby accept and am in possession of the Group Producing Agent or Agency Contract. I understand the Contract will not be in effect until such time when I am in receipt of the countersigned copy of the signature page of the Group Producing Agent or Agency Contract. The undersigned parties agree to the terms of the Contract as specified herein, or as such terms may be amended from time to time.

I represent that the information I have provided in this Contract including the Agent Information and Agency Information sections of this Contract is accurate, complete and true to the best of my knowledge and belief.

EXECUTED BY THE GROUP
PRODUCING AGENT OR AGENCY:

X _____
name (print or type)

X _____
(street)

X _____
original signature

X _____
(city) (state)

X _____
date

FOR HUMANA USE ONLY
(To be completed by Humana, not the agent or agency)

EXECUTED ON BEHALF OF THE
APPLICABLE INSURANCE COMPANY BY:

name (print or type)

title/at

signature

date

This Group Producing Agent or Agency Contract shall be governed by the laws of the State of Kentucky and shall take effect as of the _____ (day) of _____ (month), _____ (year).



Group Producing Agent or Agency Contract

Applicable Companies

- Humana Insurance Company
- Humana Health Plan, Inc.
- and all of their affiliates

The Applicable Companies
(hereinafter referred to as the "Company") and

X of X
(agent or agency name) (city) (state)

(hereinafter referred to as "GPA"),

IN CONSIDERATION of the mutual promises and agreements set forth herein below, hereby enter into this Group Producing Agent or Agency Contract which shall include all amendments to this Group Producing Agent or Agency Contract, current and future Exhibits, Attachments, Producer Partnership Plans and other written agreements which may be entered into by the parties (collectively the "Contract") and AGREE AS FOLLOWS:

1. APPOINTMENT AND RELATIONSHIP

- A. The Company hereby appoints the GPA to act on its behalf and represent it only to the extent authorized herein.
- B. The GPA is an independent contractor with respect to the Company, and nothing contained herein shall create or be construed to create the relationship of employer and employee between the Company and the GPA or between the Company and any employee of the GPA.

2. AUTHORITY AND RESPONSIBILITY OF GPA

- A. The GPA is hereby authorized on behalf of the Company, but only in those states where the Company is authorized to do business and provided that the GPA is in compliance with all applicable regulatory licensing requirements at the time of solicitation, to solicit applications for the approved products offered by the Company which are listed in Producer Partnership Plan or other written documents provided to the GPA by the Company, which are made a part of this Contract.
- B. The GPA is authorized to collect the initial payment only for any policy or contract issued upon application solicited by the GPA, and to deliver and service policies, contracts and certificates of group coverage so issued, provided:
 - 1. receipts for such payments shall only be given on forms furnished by the Company for that purpose.
 - 2. all such payments shall be received and held in a fiduciary capacity by the GPA as trustee for the Company.
 - 3. all checks should be made payable to the Company unless the GPA receives prior permission from the Company to the contrary, and in no event is any GPA authorized to accept any check in excess of \$5,000 not specifically made payable to the Company.
- C. The GPA may not use the Company's name, logo or any proprietary information on any printed or electronic advertising or Internet site without prior written approval of the company. The GPA may create an electronic link from the GPA's Internet site to the Company's Internet sites, but the GPA may not reproduce any of the Company's Internet content or programs on the GPA's Internet sites. The GPA may not alter any materials considered proprietary by the Company in electronic, printed or any other form.
- D. GPA must fully and accurately represent to all parties the terms and conditions, including limitations and exclusions, of the products and services of the Company, consistent with and according to Company marketing materials, certificates of insurance, subscriber and group contracts, insurance policies and benefit plans.
- E. The GPA is hereby authorized to refer to the Company, potential applicants for Medicare policies, including Medicare HMO and Medicare Supplement. The names of individuals potentially eligible for Medicare policies may be referred only in Company approved service areas, in which Company is authorized to do business. Any referral must be performed consistent with the Company's Medicare referral program, this Contract, and all applicable laws. The GPA must be licensed in the state that has jurisdiction over the transaction, and appointed on behalf of the Company. The GPA will refer the name of any prospect, and the source of the lead, to authorized Company Medicare Sales Personnel. A GPA who makes a Medicare referral is not the "Agent of Record" for the Medicare policy.

3. violation of the laws, regulations, or rules of any jurisdiction by the GPA in which the GPA operates, or of any governmental authority exercising jurisdiction over the GPA.

Termination for "cause" may, at the option of the Company, result in forfeiture of all commissions which may be due under this Contract as of the termination date or become due thereafter.

C. On the effective date of a voluntary termination of this Contract by the GPA:

1. The GPA shall be terminated as the agent for any policies the GPA has with the Company; and
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I hereby accept and am in possession of the Group Producing Agent or Agency Contract. I understand the Contract will not be in effect until such time when I am in receipt of the countersigned copy of the signature page of the Group Producing Agent or Agency Contract. The undersigned parties agree to the terms of the Contract as specified herein, or as such terms may be amended from time to time.

I represent that the information I have provided in this Contract including the Agent Information and Agency Information sections of this Contract is accurate, complete and true to the best of my knowledge and belief.

EXECUTED BY THE GROUP
PRODUCING AGENT OR AGENCY:

X _____
name (print or type)

X _____
(street)

X _____
original signature

X _____
(city) (state)

X _____
date

FOR HUMANA USE ONLY
(To be completed by Humana, not the agent or agency)

EXECUTED ON BEHALF OF THE
APPLICABLE INSURANCE COMPANY BY:

name (print or type)

title/at

signature

date

This Group Producing Agent or Agency Contract shall be governed by the laws of the State of Kentucky and shall take effect as of the _____ (day) of _____ (month), _____ (year).

HUMANA.
Guidance when you need it most

AGENT BUSINESS TRANSFERRAL FORM

(transfer of business and commissions)

HUMANA.
Guidance when you need it most

APPENDIX

Current agent of record: _____
 Social Security Number: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone number: _____

The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future new business commissions. You can only name a new Agent/Agency of Record for business that you are the current agent of record on.

Business to be transferred to the new agent/agency of record:

Medicare policies

FROM: Agent name: _____
 Social Security Number: _____
TO: Agent/agency name: _____ Phone number: _____
 Social Security Number / Tax ID Number: _____
 Address: _____ Existing Future

Individual policies

* **FROM:** Agent name: _____
 Social Security Number: _____
TO: Agent/agency name: Kevin Tuebenbach Phone number: 262-784-7344
 Social Security Number / Tax ID Number: 393-68-XXXX
 Address: 17100 W. Bluemond Rd Ste 202 Brookfield WI 53005 Existing Future

Group policies

FROM: Agent name: _____
 Social Security Number: _____
TO: Agent/agency name: _____ Phone number: _____
 Social Security Number / Tax ID Number: _____
 Address: _____ Existing Future

Current agent of record signature below:

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. The party to receive commissions must have a valid Humana Group Producing Agent or Agency Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Group Producing Agent or Agency Contract. State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record. **As the current Agent of Record (AOR), I am requesting that the AOR be changed for the type of policies as indicated on this form.**

 (print name of current Agent of Record) (date)

X _____
 (Signature of current Agent of Record) (Title)

Fax completed form to Agency Management at (920) 339-2160.