



Please submit your contracting paperwork to:

Emrick Insurance Marketing Group

Email: licensing@emrickgroup.com

Fax: 217-833-2046 or

Mail: Emrick Insurance Marketing Group
PO Box 506
Griggsville, IL 62340

Step 1: Personal Information	
Upline Number _____	
First Name _____	Last Name _____
Social Security Number _____	Taxpayer ID _____
Date of Birth _____	Preferred Name _____
Spouse Name _____	

Step 2: Contact Information		
Agency Name (if any) _____		
Mailing Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____
<input type="checkbox"/> Same as Above Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
Shipping Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____
<input type="checkbox"/> Same as Above		
Home Address _____		
Address Line 2 _____		
City _____	State _____	Zip _____

Step 3: Additional Contact Information - At least one phone number and email address required.	
Business Phone _____	Home Phone _____
Mobile Phone _____	Fax Number _____
Email 1 _____	
Email 2 _____	

Step 4: Commissions EFT Enrollment**EFT is required to become appointed.**

Name as it Appears on Account _____

Account Number _____

Routing Number _____

Bank Name _____

Account Type: Savings Checking**EFT Terms of Service**

I, _____, hereby authorize Heartland National Life to initiate credit entries to my bank account. I understand that this authorization will allow Heartland National Life to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until Heartland National Life actually receives such notice of termination. All commission accounts within Heartland National Life will be included in this request unless specified otherwise.

To agree to the above EFT Terms of Service, sign your full name below and check the box.

_____ I agree to the EFT Terms of Service

Step 5: W-9 Form Information

Name as Shown on Your Income Tax Return _____

Business Name, if Different From Above _____

Check Appropriate Box: Individual/Sole Proprietor Corporation Partnership Limited Liability Company - Enter Tax Classification (D=Disregarded Entity, C=Corporation, P=Partnership) _____ Exempt Payee Other _____Address (Number, Street, and Apt. or Suite No.)
_____City, State, and Zip Code
_____List Account Number(s) Here (Optional)
_____**Part I - Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate blank. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions. For other entities, it is your employer identification number (EIN). Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social Security Number _____ **OR** Employer Identification Number _____

Step 6: General information

Select the products you are interested in selling:

- Medicare Supplement
- Cash Supplement
- Cancer plan

Select the states in which you are licensed and wish to be appointed:

Alabama (Ind)	(\$40.00)	Mississippi	(\$25.00)
* Alabama (Agency)	(\$40.00)	Missouri	(\$0.00)
Arizona	(\$0.00)	Nebraska	(\$8.00)
Arkansas	(\$0.00)	Nevada	(\$15.00)
Colorado	(\$0.00)	New Mexico (NA)	(\$23.00)
Florida	(\$60.00)	Oklahoma	(\$30.00)
Georgia	(\$10.00)	South Carolina	(\$0.00)
Illinois	(\$0.00)	Tennessee	(\$15.00)
Indiana	(\$0.00)	Texas	(\$10.00)
Kansas	(\$5.00)	Utah	(\$0.00)
Louisiana	(\$20.00)	Wyoming	(\$15.00)

How did you hear about Heartland? _____

Please explain: _____

License Information

State	Type	License #	Expiration Date	State	Type	License #	Expiration Date
AL				MO			
AR				NE			
AZ				NV			
CO				NM			
FL				OK			
GA				SC			
IL				TN			
IN				TX			
KS				UT			
LA				WY			
MS							

Step 7: Questions

1. Have you ever had your Insurance suspended or revoked? Yes No

2. Have you ever had disciplinary action taken against you by the department of insurance? Yes No

Please explain. Any documents supporting explanation should be faxed to 816-655-5075 Attn: HNL License Dept.

3. Have you ever been refused E&O coverage?	Yes	No
4. Has an E&O company paid a claim for you?	Yes	No
5. Have you declared bankruptcy in the last seven years?	Yes	No
6. Have you been convicted of any felony or misdemeanor which involved the sale of insurance or which arose out of your business practices?	Yes	No
7. Are you a party in any litigation connected with the insurance business, or, are there any Unsatisfied judgments outstanding against you arising out of the insurance business?	Yes	No
8. Do you have any unpaid debts with other insurers? Please explain. Any documents supporting explanation should be faxed to 816-655-5075, Attn: HNL License Dept.	Yes	No
<hr/> <hr/> <hr/>		

Step 8: Acknowledgement

I, _____, understand that as part of the Company's procedures for processing my application or evaluating me for contract and licensing purposes, an investigative report can be made where information can be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I'm acquainted. This inquiry includes information as to my character, business reputation and financial stability, whichever may be applicable. I have the right to make a written request within a reasonable period for a complete disclosure of information concerning the nature and scope of the investigation. My signature below operates to release from all liability and responsibility those parties supplying information to the Company and I authorize the Company to use this information where its legal interest and/or obligations are involved. Further, I acknowledge that I have no objection to the Company's investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation.

The Company may also request a consumer credit report for contract and licensing purposes from a consumer credit reporting agency. If I wish the credit reporting agency to send me a free copy of both this consumer credit report and any investigative report sent to the Company, I have checked the following box:

I understand that this application will form a part of my contract with Heartland National Life and the information is accurate and true to the best of my knowledge. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination of my contract at the sole discretion of the Company.

New business applications may not be written until you have received notification that your contract has been approved and, if by law, your appointment is registered with the state insurance department.

To acknowledge, sign your full name below and check the box.

_____ I agree

Step 9: Background Investigation Consent

This will be this agent's first appointment in _____ .

I, _____, hereby authorize Heartland National Life and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for contracting now and, if applicable, during the tenure of my appointment with Heartland National Life.

I release Heartland National Life and/or its agents and any persons or entity, which provides information pursuant to this authorization form, any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

As part of the background investigation referenced above, I understand that Heartland National Life utilizes the services of Debit-Check.com to investigate if a debit balance exists with any other insurance company with whom I have or have had a contract and/or appointment. I understand the information compiled by Debit-Check.com comes from companies that subscribe to their service, and those companies are solely responsible for the accuracy of the information provided. I further understand that data supplied to Debit-Check.com is added or deleted on an ongoing basis and is accurate only as of the specific date and time processed. In association with the background investigation referenced above, I hereby authorize Heartland National Life to proceed with a Debit-Check.com search.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

To give consent, sign your full name below and check the box.

_____ I consent

Step 10: Appointment Fees

State	Appointment Type	Amount
Application Fee		\$20.00
Total:		

The total amount of _____ will be electronically transferred from your checking account ending in _____ at _____ as a one time payment for appointment fees.

Upon appointment, I, _____, hereby authorize Heartland to debit the above account as a one time payment of appointment fees in the amount of _____.

To authorize, sign your full name below and check the box.

_____ I Agree

Step 11: Contract Agreement

Agent Agreement

This Agreement is made this ____ day of _____, 20____ between Heartland National Life Insurance Company of Blue Springs, Missouri, called "the Company", and _____
of _____, _____, called, the "Agent", as an independent contractor.
CITY STATE NAME

The word "policy" or "policies" in this Agreement means those insurance contracts that, at the Company's discretion, are authorized in writing for sale by or through the Agent.

Jurisdiction The Agent is contracted and appointed for the purpose of soliciting and transacting the business of insurance, under the provisions of this Agreement, on a non-exclusive basis.

Authority Nothing in this Agreement shall be construed to create the relationship of employer-employee between the Company and the Agent. The Agent may exercise independent judgment as to the time, place and manner in which business is performed under this Agreement. The Company may issue directives or bulletins respecting the conduct of business, but will not interfere with freedom of action of the Agent.

Limitation of Authority The Agent has no authority to obligate the Company in any manner outside the authority granted in this Agreement. The Agent has no authority to alter, modify, waive or change any of the rates, terms or conditions of the Company's insurance policies. The Agent is limited to collect only initial first year premium on any policy forms, except by written consent from the Company. If such consent is given, commission compensation on advanced premiums shall be paid on an earned premium basis only.

The Company has the right to reject applications for insurance without specifying a reason. The Company has the right to withdraw any policy form from any State. This provision does not alter the relationship of the parties as provided in the "Authority" Section of this Agreement.

Compensation The Company allows the Agent, subject to the conditions of this Agreement, as compensation for all services performed and expenses incurred, first year commission compensation and renewal commission compensation on premiums paid to the Company on policies sold by the Agent upon applications bearing the name of the Agent. First year and renewal commission compensation will be paid at rates disclosed in any schedule attached to and made a part of this Agreement.

Life Insurance Compensation The Company will pay a first year and subsequent renewal commission compensation for premiums collected for Life Insurance policies as set forth on schedules attached to and made a part of this Agreement. Commission compensation shall not be paid on premiums waived or commuted by reason of death, disability, or the exercise of the policy benefits or options, including nonforfeiture provisions.

Accident and Health Insurance Compensation The Company will pay first year and subsequent renewal commission compensation for premiums collected for Accident and Health Insurance policies as set forth on schedules attached to and made part of this Agreement.

Vesting of Compensation	The Agent has an immediate vested interest in renewal commission compensation payable under this Agreement.
Compensation to Surviving Spouse	In the event of the Agent's death, compensation payable and not subject to offset under this Agreement will be paid either to the Agent's spouse, if living, to the estate of the Agent, or as designated in writing by the Agent.
Compensation Among Agents	If the Agent and any General Agent or Agent of the Company jointly secure an application for the Company, the commission compensation for that business shall be divided proportionally as rights appear in their respective agreements with the Company, or as agreed between the parties.
Compensation for Conversion Policies	Commission compensation payable for conversion of one policy form to another is not covered by this Agreement and may be quoted by the Company on applications received by the Company, or as established in writing by the Company.
Premium Collection and Remittance	All funds received by the Agent on behalf of the Company are the property of the Company and shall be forwarded immediately to the Company. Personal use of the Company funds is not permitted. Company funds may not be held in or transferred through personal accounts of any kind.
Assignment of Compensation	<p>No assignment of commissions payable under this Agreement is valid or binding without the prior written consent of the Company. All renewal commission compensation payable to the Agent shall be paid to the Agent unless assigned by the Agent with the written consent of the Company.</p> <p>If the Agent assigns compensation under this Agreement and litigation ensues which names the Company as a party defendant, the Agent shall hold the Company harmless and reimburse the Company for attorney's fees incurred by the Company in defense of such litigation.</p>
Offsets or Debits	The Agent shall repay to the Company, upon demand, all commission compensation received, or premiums collected, or evidence of indebtedness representing the same, taken on applications procured by the Agent on policies not issued by the Company, declined by the applicant, or cancelled or rescinded by the Company. The Company may offset against the Agent's compensation any advances and interest thereon, or debts and interest thereon, which are due or may become due to the Company from the Agent under this or any prior Agreement, or any note or obligation. Such offset right shall be a first lien prior to any other claim against compensation due the Agent under this or any prior Agreement.
Conditions for Nonpayment of Compensation	<p>Renewal commission compensation will be paid to the Agent except:</p> <ul style="list-style-type: none"> • If this Agreement is terminated by the Company for conversion of Company funds, fraud or theft caused by the Agent; • If the Agent for any reasons, directly or indirectly, induces any policyowner to relinquish or terminate any policy with the Company; • If the Agent for any reasons, directly or indirectly, induces any General Agent or Agent contracted and appointed with the Company to terminate their association with the Company;

- If the Agent submits checks or drafts to the Company which are dishonored or are otherwise nonnegotiable due to insufficient funds;
- If the Agent has their insurance license suspended or revoked, or has any regulatory disciplinary action taken upon a finding that the Agent engaged in a deceptive act or business practice under state or federal law; or
- If the Agent provides any false or fraudulent information on the application for this Agreement.

In the event that the Agent violates any of these provisions, all commission compensation and other compensation that might otherwise be due and payable to the Agent will become non-payable at the option of the Company and upon written notice to the Agent, in addition to any other legal remedies available to the Company.

In the event the renewal commission compensation payable to Agent falls below a total of \$600 for any six (6) consecutive month period, it will be the option of the Company, in its sole discretion, to make renewal commission compensation non-payable to the Agent.

Effect of Termination

On termination of this Agreement, commission compensation shall not be paid on policies reinstated 61 days or more after the due date of any unpaid premium unless the application for Reinstatement is secured solely by the Agent or authorized representatives of the Agent.

Statement of Account

Each month the Company will furnish, without charge to the Agent, a statement of account of the Agent showing Business done by the Agent for the preceding month. In the event of a dispute pertaining to compensation payable to the Agent under this Agreement, the Agent agrees to hold the Company harmless in all matters of litigation and settlement, including attorney fees and costs.

Ultimate Responsibility

The Agent is responsible to the Company for any indebtedness to the Company created by the Agent. Such indebtedness is a lien against the Agent's compensation, subject to offset by the Company, and the Company may charge interest, at a rate to be determined by the Company, on indebtedness which remains unpaid after 30 days.

Company Directives

The Agent shall conform to directives or bulletins issued by the Company.

Advertising

Any form of advertising, as defined by insurance law or regulation, must be approved by the Company prior to use. Advertising used without approval will be grounds for termination of this Agreement.

Bond

Upon request of the Company, the Agent shall provide an indemnity bond.

Amendments or Modifications

Upon mutual consent, any provision of this Agreement may be amended. Consent shall not be required when provisions of this Agreement are required to be modified or amended under State or Federal law or regulation. The Company shall not be bound by any promise, agreement, understanding or representation unless in writing and signed by an officer of the Company with such authority.

Termination This Agreement may be terminated by either party by written notice mailed to the other party's last known address. In case of termination of this Agreement, the Company shall not be held liable for damages by reason of said termination.

Prior Agreements This Agreement supersedes all prior Agreements relating to solicitation of insurance between the parties.

Construction and Interpretation The parties agree this Agreement shall be construed and interpreted concerning its validity, performance interpretation or effect under the laws of the State of Missouri.

Compliance Forbearance or neglect on the part of the Company to insist upon compliance by the Agent with any provision of this Agreement or the directives or bulletins of the Company shall not constitute a waiver of compliance.

Severability If any provision of this Agreement violates any statute, law or regulation such provision shall be inoperative to the extent of the violation with the remainder of this Agreement remaining effective and enforceable.

HIPAA Business Associate Agreement ("HIPAA Addendum") The parties agree that the attached HIPAA Addendum is incorporated into and becomes a part of this Agreement. Notwithstanding anything herein to the contrary, Company may unilaterally amend the HIPAA Addendum at its discretion to comply with regulatory or other requirements and will thereafter distribute a revised HIPAA Addendum to the Agent with an effective date for the revision.

Binding Arbitration Any controversy of claim arising out of relating to this Agreement, or to the breach thereof, shall be settled by binding arbitration in accord with the rules of the American Arbitration Association. The parties shall select three (3) neutral arbitrators in Jackson County, Missouri and submit their claims to said panel. A judgment upon the award rendered by the arbitration panel shall be entered in any court in Jackson County, Missouri having jurisdiction to enter said judgment.

"THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION
WHICH MAY BE ENFORCED BY THE PARTIES."

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date stated herein.

HEARTLAND NATIONAL
LIFE INSURANCE COMPANY

Agent Signature Date

by: _____
Authorized Company Officer

Recruiting Agent Signature Date

by: _____
Authorized Agency Representative

Emrick Insurance Agency, Inc

COMMISSION ADVANCE ADDENDUM

This Commission Advance Addendum (Advance Addendum) is made part of the Agent Agreement.

Agent has an Agent Agreement with Heartland National Life Insurance Company (the Company) for transacting the business of insurance and the Company is willing to advance the payment of all or a portion of First Year commission compensation, as agreed upon, on selected policy forms; therefore, for good and valuable consideration, the parties agree as follows:

Subject to the conditions contained herein, the Company will advance all or a portion of First Year commission compensation, as agreed upon, to Agent when Agent has sold and the Company has issued any of the Company's policy form(s) except for Medicare Supplement policies issued to persons under the age of 64 ½.

Any First Year commission compensation advance is subject to each of the following:

1. The maximum First Year commission compensation advance on any applicable life insurance policy is limited to no more than Two Thousand dollars (\$2,000.00). The maximum First Year commission compensation advance on any insurance policy other than life insurance is limited to no more than Two Thousand Five Hundred dollars (\$2,500.00).
2. No First Year commission compensation advance is payable on any applicable insurance policy sold by Agent and issued to the Agent or to an immediate family member of the Agent; for purposes of this Advance Addendum, an immediate family member shall mean the Agent's spouse, father, mother, brother, sister, son, daughter, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, step-father, step-mother, step-brother, step sister, or any member of the Agent's household.
3. First year commission compensation will only be advanced for applications submitted on the monthly Bank Draft mode of payment.
4. For Medicare Supplement applications, advance commission compensation is not payable on any Guarantee Issue application; except that, advance commission compensation shall be paid during the annual policy anniversary period or other annual enrollment period allowed by state law and considered an open enrollment period by the Company at the Company's sole discretion.

Advanced commission compensation is an indebtedness of Agent until the advance balance is fully recovered by the Company. Advance balances are recovered, as commissions are earned on a policy-by-policy basis. The advance balance of a policy that is cancelled, lapses or is terminated before the advance is fully recovered will be charged back immediately. Repayment of advanced commission compensation shall be charged back with interest accrued at the rate of one and one-tenth percent (1.1%), compounded monthly, on the outstanding balance.

If the Company cannot recover the advance balance from Agent and such balance exceeds \$50 or more for three (3) consecutive months, the Company may offset the advance balance against any commission or override compensation owed to the Upline General Agent, if applicable. This right of offset against the Upline General Agent, if applicable, shall survive termination of this Advance Addendum.

Either party may terminate this Advance Addendum upon ten (10) days written notice without terminating the Agent Agreement. Upon termination of this Advance Addendum, the outstanding advance balance shall be immediately due and owing by Agent.

All other terms and conditions of the Agent Agreement shall remain in full force and effect.

Signed this ____ day of _____, 2_____.

Heartland National Life Insurance Company By: _____

[Agent]

[Writing #]

By: _____ By: _____

[Authorized Agency Representative]

[Managing Agent]

HEARTLAND NATIONAL



1600 NE Coronado Drive
Blue Springs, MO 64014

Life Insurance Company

RE: Heartland National Life No Advancing

I, _____, agent writing number# _____, do not want
Agent Name (Print)

to receive advancing from Heartland National Life Insurance Company.

Please email to Agencyservices@e-hfg.com or fax to #816.655.5075

Agent Signature

Agent Print Name

Date



Contracting for Florida

- * Send in copy of your **insurance license(s)**
- * State licensing fee:
 - \$60.00 Resident
 - \$60.00 Non-Resident, plus \$6.00 per county (as selected below)
- * Make **check payable to Heartland National Life**

Florida Counties (check all counties applying for):

- | | | |
|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Alachua | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Massau |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Hardee | <input type="checkbox"/> Okaloosa |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Hendry | <input type="checkbox"/> Okeechobee |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Hernando | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Highlands | <input type="checkbox"/> Osceola |
| <input type="checkbox"/> Broward | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Palm Beach |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Holmes | <input type="checkbox"/> Pasco |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Indian River | <input type="checkbox"/> Pinellas |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Jackson | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Colier | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Lake | <input type="checkbox"/> Sarasota |
| <input type="checkbox"/> DeSoto | <input type="checkbox"/> Lee | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> Leon | <input type="checkbox"/> Saint Johns |
| <input type="checkbox"/> Duval | <input type="checkbox"/> Levy | <input type="checkbox"/> Saint Lucie |
| <input type="checkbox"/> Escambia | <input type="checkbox"/> Liberty | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Madison | <input type="checkbox"/> Suwannee |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Manatee | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Gadsden | <input type="checkbox"/> Marion | <input type="checkbox"/> Union |
| <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Martin | <input type="checkbox"/> Volusia |
| <input type="checkbox"/> Glades | <input type="checkbox"/> Miami-Dade | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Gulf | <input type="checkbox"/> Monroe | <input type="checkbox"/> Walton |
| | | <input type="checkbox"/> Washington |

Total \$60 + \$ _____ = _____

Check# _____

Agent Name _____

Writing# _____