



GOLDENCARE

U S A

America's Home for Long-Term Care Insurance

Thank You for Contracting with GOLDENCARE USA Your Success Is Our Priority

In order to keep our records current, and because 90 days has elapsed since you submitted your contracting paperwork, we ask that you review and sign the following statement.

(New Agents: please visit www.goldencareagent.com and complete our full Contracting Made Easy packet.)

I hereby certify that the answers I provided on the Background Information Questionnaire have not changed since the date I signed the form.

I agree with the above statement Yes No*

Name: (Please Print) _____

Last Four Of SSN: _____ Resident State: _____

Agency: (If Applicable) _____

Signature: _____ Date: _____

** If "No," Please provide details on a separate sheet of paper with your printed name and signature.*

If your contact information has changed, please include updated information on separate sheet of paper.

Please Expedite: New Business Being Taken/Submitted:

Application Date: _____ Client Resident State: _____ Application Sign-In State: _____

Type of Policy: _____ Client Last Name: _____

Non-Resident State(s) to be included on contract: _____

Please use these checkboxes to ensure you are contracted with ALL carriers of your choice:

(Please select at least one)

- | | | | | | |
|---|---|---|--------------------------------------|------------------------------------|--|
| <input type="radio"/> Omaha Family of Companies | <input type="checkbox"/> LTC* Custom Solution | <input type="radio"/> AmCont/ContLife/Aetna.. | <input type="checkbox"/> MS | <input type="checkbox"/> Life | <input type="checkbox"/> Health |
| <input type="checkbox"/> Living Promise* | <input type="checkbox"/> Life* | <input type="checkbox"/> MS | <input type="checkbox"/> CI/DI* | <input type="checkbox"/> Annuities | <input type="radio"/> American General |
| <input type="radio"/> John Hancock** (LTC) | | <input type="radio"/> Foresters** | <input type="checkbox"/> ACC/CI/DI | | |
| <input type="radio"/> MedAmerica** | <input type="checkbox"/> FlexCare | <input type="radio"/> Forethought** | <input type="checkbox"/> MS | <input type="checkbox"/> Life | |
| <input type="radio"/> Genworth | <input type="checkbox"/> LTC | <input type="checkbox"/> TLC | <input type="radio"/> Gerber | <input type="checkbox"/> MS | <input type="checkbox"/> Life |
| <input type="radio"/> Guarantee Trust Life | | <input type="radio"/> Kemper | <input type="checkbox"/> HHC/Life | | |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> CHS | <input type="checkbox"/> HI | <input type="checkbox"/> CI | <input type="checkbox"/> STC | <input type="checkbox"/> SBSA |
| <input type="checkbox"/> CLS | <input type="radio"/> LifeSecure*** | <input type="checkbox"/> LTC | <input type="checkbox"/> ACC | <input type="checkbox"/> HI | <input type="radio"/> Manhattan Life |
| <input type="radio"/> United Security Assurance | <input type="checkbox"/> LTC | <input type="checkbox"/> LifeStyle | <input type="radio"/> Sentinel | <input type="checkbox"/> MS | <input type="checkbox"/> Life |
| | | | <input type="radio"/> Other: _____ | | |

* \$1,000,000 E & O Required

** \$1,000,000 E & O Required/Provide Proof of Coverage

*** Ten Year Residence History Required

Please fax this form to 866-863-8608,

Or email to: contracting@goldencareusa.com

Or mail to: GOLDENCARE USA, 10700 County Road 15, Plymouth, MN 55441

If you have any questions, please contact us at 800-842-7799.

www.goldencareagent.com