



AWL New Agent  
Carrier  
Contracting Guide

You will be contracting with different carriers through 4 different systems/portals. This guide will help you through the process.

1) AmeriLife contracting through Agent Xcelerator portal

- Liberty Bankers
- Shenandoah
- Thrivent
- Transamerica
- Medico

2) Cigna contracting through Expressway portal

- Loyal American Life
- American Retirement Life
- Cigna Health & Life

3) Manhattan Life through EZ-Appoint portal

- EZ-Appoint

4) Aetna PDP Contracting



**\*\*NOTE: Please use the following email address when filling out paperwork [MGcarriers@medicaregenius.com](mailto:MGcarriers@medicaregenius.com) rather than your personal email address**



Resources

Book of Business

Sales Management

Producer Contracting

## My Pending Activities

View

Carrier Name	Agent/Agency Name	Principal Agent Name	Invitation Level	Invitation Status
<a href="#">Liberty Bankers Life Insurance Co...</a>	[REDACTED]		LOA	Not Started
<a href="#">Shenandoah Life Insurance Comp...</a>	[REDACTED]		LOA	Not Started
<a href="#">Thrivent Financial</a>	[REDACTED]		LOA	Not Started
<a href="#">Thrivent Financial</a>	[REDACTED]		LOA	Not Started
<a href="#">Transamerica Premier Life Insura...</a>	[REDACTED]		LOA	Not Started



# Liberty Bankers

through Agent Xcelerator Portal

PRODUCER CONTRACTING

Liberty Bankers Life Insurance Company

WELCOME TO THE CONTRACTING PRODUCER PORTAL

Welcome to the Contracting Producer Portal!

You are initiating the contract sent by AWL INSURANCE AGENCY INC

GET STARTED

INDIVIDUAL / CORPORATION

Select the appropriate option to indicate if you would like to contract as a corporation/agency or an individual agent. If you select Agency, select the Principal Agent using the options provided.

Once you click "Next" on this page, you cannot change this information in this e-Contract invitation. If you need to make changes after you leave this page, contact AWL INSURANCE AGENCY INC to send you another invitation for this carrier contract.

Agent/Agency\*

Agent

NEXT

GENERAL INFORMATION

\* = Required  = Read only

GENERAL INFORMATION

Legal First Name

Legal Last Name

Legal Middle Name

Suffix

Agent Code

Gender\*

SSN

NPN

Date of Birth\*

ADDRESS INFORMATION

To delete an address, click the "X" box on the right hand side of the incorrect row. To change your address, select the "pencil" box located between the "Is Primary" checkbox and the box with an X then overwrite the information and then click the checkmark box to save your changes. One and only one Residence address is required. Your Residence address may not be a PO Box.

Address Type	Address Line1	Address Line2	City	State	Zip Code	County	Is Primary	Actions
Business	7300 FM 2222 STE 100		AUSTIN	TX	78730		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Mailing Address	<input type="text"/>		AUSTIN	TX	78752		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Home Address	<input type="text"/>		AUSTIN	TX	78752		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

ADD NEW ADDRESS

CONTACT INFORMATION

Preferred Contact\*

Business Fax

Business Phone\*

Business Email

Home Phone

Other Mobile

Individual Applicant Email

Use this phone number



Enter THIS email address



Enter THIS email address



SAVE & EXIT

NEXT

Demographics > Contracting

ERRORS & OMISSIONS

Please select E & O information for Carrier.

	E&O Carrier	Effective Date	Expiration Date	Certification No	Coverage Amount
No records to display.					

+ ADD ERRORS & OMISSIONS

No need to add anything here

PREVIOUS

SAVE & EXIT

NEXT

[Demographics](#) > [Contracting](#)

## LICENSING INFORMATION

This page lists the state(s) in which you are licensed. Please select the state(s) in which you would like to be appointed for this carrier.

*Please be aware that this carrier may require the agent to pay non-resident appointment fees.* If you are unsure if this carrier requires you to pay appointment fees, please contact your Recruiter or Marketer.

## LICENSE DETAILS

<input type="checkbox"/>	State	Status	License No	Issue Date	Expiration Date	Is Resident	Agent Name	Line Of Authority
<input type="checkbox"/>	ME	Active		11/24/2015		No		Health~Life
<input type="checkbox"/>	MT	Active		11/23/2015	04/29/2019	No		Disability (Health)~Life
<input type="checkbox"/>	NC	Active		11/23/2015		No		Accident and Health or Sick...
<input checked="" type="checkbox"/>	TX	Active		11/12/2015	04/29/2020	Yes		Life, Accident, Health and H...



Even if you are licensed in other states, **TEXAS** is the only one you checkmark on this section.

PREVIOUS

SAVE &amp; EXIT

NEXT

## LIBERTY BANKERS LIFE INSURANCE COMPANY-QUESTIONNAIRE

\* = Required  = Read only

## QUESTIONNAIRE

1. Do you have Errors &amp; Omissions (E&amp;O) coverage? \*

 Yes  No

Check "NO" for E&amp;O. We provide this to the carrier.

2. Have you ever been convicted of any crime, other than minor traffic offenses? \*

 Yes  No

3. Has any insurance company ever canceled any Agreement of employment or your agent's appointment for any reason other than non-production? \*

 Yes  No

4. Does any insurer or agent claim that you are indebted to them under any agency Agreement or otherwise? If "yes," give amount of debt and how the debt will be repaid. \*

 Yes  No

5. Have you ever been refused an original or renewal license or had a license suspended or revoked or terminated for any type of insurance license by any state government or regulatory agency? \*

 Yes  No

6. Have you ever been fined or had disciplinary action taken against you with any Department of insurance? \*

 Yes  No

7. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (Including state or federal tax liens) against you? \*

 Yes  No

8. Do you currently have a pending bankruptcy or have you ever declared bankruptcy? \*

 Yes  No

PREVIOUS

SAVE &amp; EXIT

NEXT



## SIGNATURE

\* = Required  = Read only

I, hereby authorize American Insurance Administrators, LLC and its employees and related companies (the "Authorized Parties") to affix or append a copy or facsimile of my signature, as set forth below, to any and all signature fields on any insurance carriers' ("Insurance Carriers") documents and agreements for which I have designated or authorized the Authorized Parties orally or in writing.

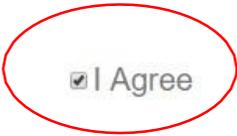
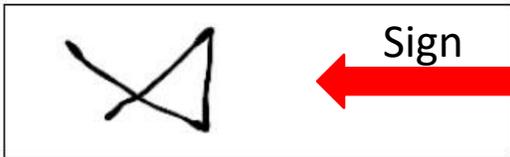
The Authorized Parties shall be and are empowered to complete and submit on my behalf all such Insurance Carrier documents and agreements for the purpose of me becoming appointed or contracted to sell Insurance Carrier products.

I acknowledge that I have read and understand the documents and agreements for which I have authorized the Authorized Parties to affix or append my signature. I certify that the information and biographical information that I have furnished to the Authorized Parties is true and accurate. I agree to indemnify, defend and hold harmless the Authorized Parties, the Insurance Carriers, and any third party of, from, and against any and all claims, actions, demands, causes of action, loss, liability, damages, costs, and reasonable attorneys' fees arising out of and/or relating to any reliance on or use or acceptance of any document or agreement bearing a copy or facsimile of my signature.

- Draw Signature
- Upload Signature Image

Sign using your mouse, or, if you are using a device with a touchscreen, sign with your finger or stylus.

Clear



PREVIOUS

SAVE & EXIT

LIBERTY BANKERS LIFE INSURANCE COMPANY-DOCUMENTS

Document Name	Category Name	Subcategory Name	Status
Liberty LOA	Carrier Contract	Carrier PDF Form	<a href="#">View/Download</a>
Request Appointment States	Agent Contract	Contracting Acknowledge	<a href="#">View/Download</a>
DOCUMENT_PDB Report	Agent	PDBLICENSEREPORT	<a href="#">View/Download</a>

I acknowledge that the applications and contracts I completed during a prior VUE session will now be submitted with a current date to the applicable carriers. I attest that there have been no changes to the information provided on the application when first completed and that it is true and complete.

PREVIOUS

CLOSE

SUBMIT

LIBERTY BANKERS LIFE INSURANCE COMPANY-DOCUMENTS

Document Name	Category Name	Subcategory Name	Status
Liberty LOA	Carrier Contract	Carrier PDF Form	View/Download
Request Appointment States	Agent Contract	Contracting Acknowledge	View/Download
DOCUMENT_PDB Report	Agent	PDBLICENSEREPORT	View/Download

I acknowledge that the applications and contracts I completed during a prior VUE session will now be submitted with a current date to complete.

information provided on the application when first completed and that it is true and

**CONFIRMATION** [X]

 Do you want to submit these documents for licensing review? Once submitted, you cannot edit them again

PREVIOUS

CLOSE

SUBMIT

Document Name	Category Name	Subcategory Name	Status
Liberty LOA	Carrier Contract	Carrier PDF Form	View/Download
Request Appointment States	Agent Contract	Contracting Acknowledge	View/Download
DOCUMENT_PDB Report	Agent	PDBLICENSEREPORT	View/Download

I acknowledge that the applications and contracts I completed during a prior VUE session will now be submitted with a current date to the complete.

Information provided on the application when first completed and that it is true and

**SUCCESS** ✕



Congratulations! Your contracting documents submitted successfully.

**Ok**

PREVIOUS

CLOSE

SUBMIT

# Move on to next carrier contract in your queue...



Resources

Book of Business

Sales Management

Producer Contracting

## My Pending Activities

View Select

Carrier Name	Agent/Agency Name	Principal Agent Name	Invitation Level	Invitation Status
<a href="#">Liberty Bankers Life Insurance Co...</a>	<input type="text"/>		LOA	Not Started
<a href="#">Shenandoah Life Insurance Comp...</a>	<input type="text"/>		LOA	Not Started
<a href="#">Thrivent Financial</a>	<input type="text"/>		LOA	Not Started
<hr/>				
<a href="#">Thrivent Financial</a>	<input type="text"/>		LOA	Not Started
<a href="#">Transamerica Premier Life Insura...</a>	<input type="text"/>		LOA	Not Started

# Shenandoah – Same process as other carriers in Agent Xcelerator

PRODUCER CONTRACTING

Shenandoah Life Insurance Company

WELCOME TO THE CONTRACTING PRODUCER PORTAL

## Welcome to the Contracting Producer Portal!

You are initiating the contract sent by AWL INSURANCE AGENCY INC

GET STARTED

## SHENANDOAH LIFE INSURANCE COMPANY-QUESTIONNAIRE

12. Have you ever defaulted on a (a) promissory note, or (b) any other debt, including consumer or credit card debt? \*

Yes  No

13. Are you currently involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you? \*

Yes  No

14. Doing Business As (Provide other name,if Existing) \*

Type your name|

15. Has any previous contract between you and Shenandoah Life ever been terminated? \*

Yes  No

16. Are you resident of California, Minnesota and Oklahoma? \*

Yes  No

17. The Agent Is \*

Individual  Partnership  Limited liability company  Corporation

18. How long have you been an Agent or Broker? \*

19. Please provide your Title

20. Please provide your Professional Designations

PREVIOUS

SAVE & EXIT

NEXT

# Thrivent - Same process as other carriers in Agent Xcelerator

PRODUCER CONTRACTING

Thrivent Financial

Demographics > Contracting

## THRIVENT FINANCIAL-QUESTIONNAIRE

### QUESTIONNAIRE

1a. Do you have Errors & Omissions (E&O) coverage? \*

Yes  No

1b. Has an E&O carrier ever paid a claim on your behalf? \*

Yes  No

2. Have you ever been charged with, convicted of, or pled guilty or no contest to a felony or misdemeanor (other than minor traffic offenses), or are any such proceedings pending? \*

Yes  No

3. Has any insurance company ever canceled any Agreement of employment or your agent's appointment for any reason other than non-production? \*

Yes  No

4. Does any insurer or agent claim that you are indebted to them under any agency Agreement or otherwise? If "yes," give amount of debt and how the debt will be repaid. \*

Yes  No

5. Have you ever been refused an original or renewal license or had a license suspended or revoked or terminated for any type of insurance license by any state government or regulatory agency? \*

Yes  No

# Transamerica - Same process as other carriers in Agent Xcelerator

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY-QUESTIONNAIRE

I. If you desire appointment in Florida, please provide Counties

Please provide below information to expedite new business applications

J. Agent Name

K. Client Name

L. Provide date on which new business application was signed

M. State in which the application was signed

N. State in which the client resides

O. Type of business written

P. Do you want an appointment and agreement with the below company/companies? Please select from below. \*

Transamerica Financial Life Insurance Company  Transamerica Premier Life Insurance Company  Transamerica Casualty Insurance Company  Transamerica Life Insurance Company

PREVIOUS SAVE & EXIT NEXT

## FAX COVERSHEET

If any documents have not been uploaded for delivery to the Marketing Company, you will see them listed here. You may use the Fax Coversheet to submit these documents separately. If no documents are listed, you may click on Continue below.

DOCUMENT NAME
E&O

Note : please Download the [Fax Coversheet](#) and fax along with the above documents for completion of the process.

PREVIOUS

SAVE & EXIT

NEXT

# Medico - Same process as other carriers in Agent Xcelerator

## MEDICO INSURANCE COMPANY-QUESTIONNAIRE

Yes  No

6. Have you ever filed for bankruptcy? \*

Yes  No

7. Do you have any judgments or garnishments against you? \*

Yes  No

8. Have you been or are you involved in any litigation? \*

Yes  No

9. Provide your title in the Agency

10. Spouse's Name

Please provide W9 Information below

1. Please check appropriate box for federal tax classification. \*

Individual/sole proprietor or single-member LLC  C Corporation  S Corporation  Partnership  Trust/estate  Limited liability company  Other

Please provide advancing Information below

I. Are you applying for advancing ("Subject to Upline Approval")?

Yes  No

PREVIOUS

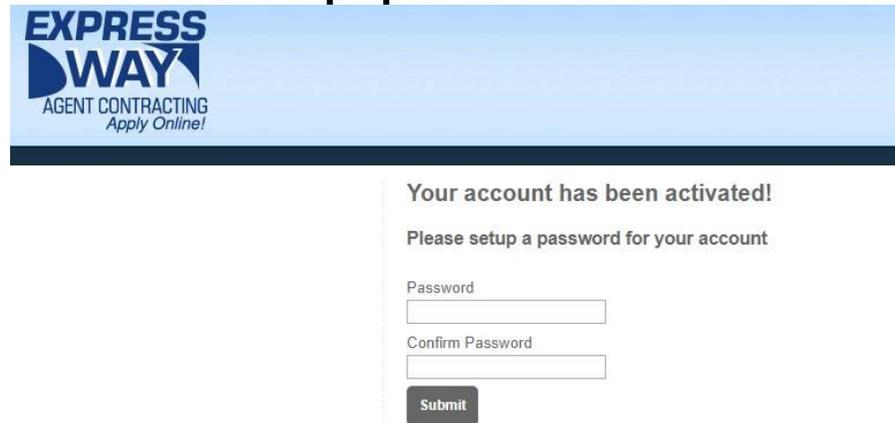
SAVE & EXIT

NEXT



# Cigna Contracting- through Expressway Portal

- Click on link in email from [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com)
- Set up password



**EXPRESSWAY**  
AGENT CONTRACTING  
*Apply Online!*

Your account has been activated!  
Please setup a password for your account

Password

Confirm Password





## Contract Application for Stephanie Nance

Please fill out the information below. You can save your progress at any time using the "Save" button and then return at a later time to finish.

**1. PERSONAL**

2. BACKGROUND

3. AUTHORIZATION

4. INPUT REVIEW & SIGNATURE(S)

\* indicates a required field

**\* ONLY checkmark Texas for State Appointments. Even if you are licensed in other states, it's important to ONLY checkmark TX for now.**

## STATE APPOINTMENTS

Please select the states you would like to be appointed in:

**Loyal American Life Insurance Company**

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL
<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE
<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input checked="" type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA
<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY										

**American Retirement Life Insurance Company**

<input checked="" type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CO	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> IA	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MD	<input type="checkbox"/> MO
<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN
<input checked="" type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY									

**\* For ARLIC if you cannot select TX, select the first state (AL). Do not select any other states.**

**Cigna Health & Life Insurance Company**

<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA
<input type="checkbox"/> MD	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR
<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input checked="" type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY				

State appointment fees are required at the time of initial appointment with the insurance company; **however, we may not appoint you with the state (where applicable) until you submit your first piece of business to the Company.** Separate fees are required for each insurance company and state you will represent. Your state appointment fees will be automatically deducted from your checking or savings account. This eliminates the need for you to write a check for these fees and allows us to better service your account. Refer to the State Appointment Fee Chart link, found [here](#) for current applicable fees in your state.

Save

Next

\* indicates a required field

## BACKGROUND INFORMATION

1. \* Are you or have you ever been appointed with Central Reserve Life Insurance Company, Continental General Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company?  Yes  No
2. \* Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?)  Yes  No
3. \* Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?  Yes  No
4. \* Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?  Yes  No
5. \* Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?  Yes  No
6. \* Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?  Yes  No
7. \* Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances or are there any outstanding judgments, liens or claims against you, including delinquent tax obligations?  Yes  No
8. \* Have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?  Yes  No

## ERRORS AND OMISSIONS

If you have E&O coverage, please provide us with the insurance company name and your policy number in the spaces provided below. If you would like to learn more about our sponsored group E&O insurance program please click the link below.

E&O Carrier Name:

E&O Policy Number:

You may apply through NAPA online at <http://www.napa-benefits.org/cigna>.

Previous

Save

Next

\* indicates a required field

## AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

For appointment purposes, I hereby authorize the Company to obtain a consumer report and/or investigative consumer report that includes information about my character, general reputation, credit worthiness, and personal traits. I hereby authorize all entities having information about me, including, but not limited to present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the Company or any of its affiliates. I agree that an electronic version, fax or photocopy of this authorization and release shall be as valid and binding as an original. I acknowledge receipt of the Fair Credit Reporting Act disclosure form included in this document.

### For Maine Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing the investigative report concerning you. You also have the right, under Maine law, to request and promptly receive all such agencies copies of any reports.

### For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law. The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southhampton, PA, 18966, Telephone (800) 260-1680. [www.bigreport.com](http://www.bigreport.com).

### For California, Minnesota & Oklahoma Applicants Only

Information Group, Inc. (B.I.G.), P.O. Box 541 Southhampton, PA, 18966, Telephone (800) 260-1680. [www.bigreport.com](http://www.bigreport.com) .If a consumer credit report is obtained, I understand that I am entitled to receive a copy.

I want a copy  (initials)

I do not want a copy  sn (initials)

If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy.

I want a copy  (initials)

I do not want a copy  sn (initials)

**California applicants:** If you choose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). **BIG's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at [www.bigreport.com](http://www.bigreport.com) (link at bottom of page entitled, "Legal/Privacy").**

### Signature of individual requesting to be contracted with the Company as an Associate

Question:

Mother's maiden name

Answer:

Date:

Previous

Save

Next

## FORM ACCEPTANCE

Please click on the links below to open each document individually and then click "Accept" to agree to the terms contained therein.

 [Fair Credit Reporting: A summary of your rights.](#)

Accept

You must open the document before accepting

 [Licensed Only Agent Agreement](#)

Accept

 [Licensed Only Agent Agreement](#)

Accept

 [Licensed Only Agent Agreement](#)

Accept

---

### Confirmation of individual soliciting appointment

Stephanie Nance

Question:

Answer:

Date:

08/23/2018

---

When you are ready to submit your contract application to your recruiter for their review and approval please click on the "Submit to Company" button below.

Submit to Company

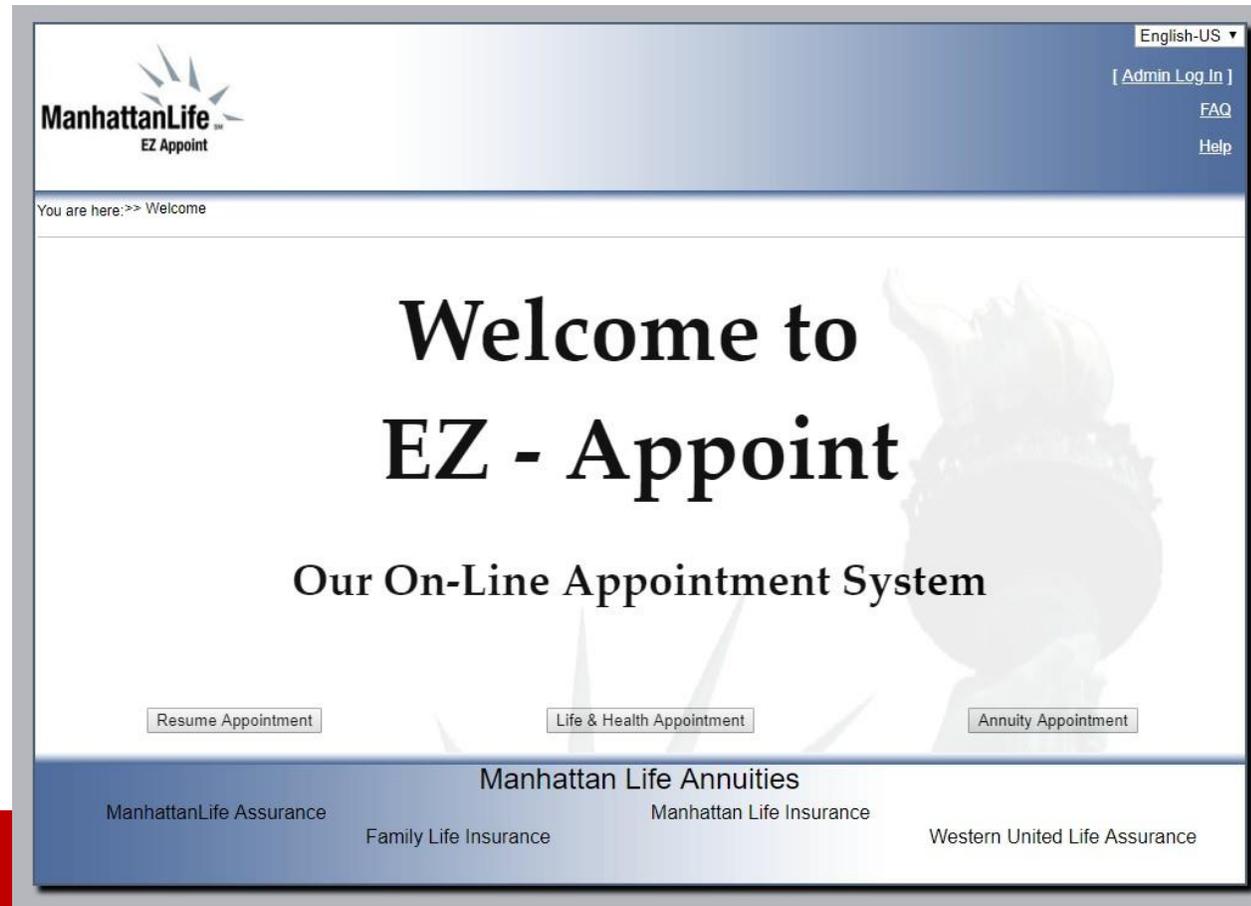
To save your application and return later to complete it please click on the "Save & Complete Later" button below.

Save & Complete Later

---

# Manhattan Life- through EZ Appoint Portal

(link will be sent to you in an email from [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com))



The screenshot shows the Manhattan Life EZ Appoint portal homepage. At the top left is the ManhattanLife EZ Appoint logo. At the top right, there is a language dropdown set to "English-US", and links for "[ Admin Log In ]", "FAQ", and "Help". Below the header, a breadcrumb trail reads "You are here:>> Welcome". The main content area features a large heading "Welcome to EZ - Appoint" and a sub-heading "Our On-Line Appointment System". Below this, there are three buttons: "Resume Appointment", "Life & Health Appointment", and "Annuity Appointment". The footer contains the text "Manhattan Life Annuities" and lists "ManhattanLife Assurance", "Family Life Insurance", "Manhattan Life Insurance", and "Western United Life Assurance".



## MANHATTAN LIFE GROUP WHAT WE STAND FOR;

### Stability

Manhattan Life Insurance Company has been dedicated to serving America successfully since 1850. Our business has prospered for more than 150 years because we have held fast to a high ethical standard of fair minded and quality service to our policyholders.

### Innovation

With the cost of employee benefits rising at ever increasing annual rates, employers today are faced with daunting health care challenges. Many small and mid-size employers are unable to afford Major Medical coverage for their employees. As a leading company in providing life and health benefits, Central United Life designs innovative products and services.

### Responsive Service

Recognized by industry consultants for our "Responsive Home Office," we pride ourselves on providing the highest quality customer service to our customers. Our experienced and professional staff realizes that clients have a choice and we are committed to providing them with competitive, fast, efficient and personal service. Whether it is Manhattan Life, Central United Life, or Family Life, our Companies are committed to you.

[Back](#)

[Continue](#)

## Manhattan Life Annuities

[ManhattanLife Assurance](#)

[Family Life Insurance](#)

[Manhattan Life Insurance](#)

[Western United Life Assurance](#)

## JUST 5 EASY STEPS TO COMPLETE YOUR APPOINTMENT

To begin the process you will need a PDF copy of your state license and may be E&O certificate

### **Step 1** - Complete the Confidential Licensing Information

Provide all personal information and provide an explanation for any yes answer in the comments section or attach a letter of explanation.

### **Step 2** - Read and Sign your Agent Agreement

One agency contract will appoint you in all Companies, Central United Life, Manhattan Life or Family Life. Please check the box for the carriers you wish to be appointed in and digitally sign the Agent Agreement by typing in your mother's maiden name.

### **Step 3** - Choose, How to Get Paid

- W-9 Tax Form- completed by you or the commission recipient if your commissions are assigned
- Direct Deposit program- commissions can be deposited into the account you designate with no waiting for the mail to deliver checks. CUL and MLIC pays direct deposit commissions two times each month. FLIC pays direct deposit commissions once each week.
- Commission Assignment of commission- you may assign commission by completing the Assignment of Commission form.

### **Step 4** - Pay your Appointment Fees

You will have a chance at the end of this program to pay your appointment fees by EFT or credit card.

### **Step 5** - Attach Supporting Documents

Provide us with copies of your:

- State License
- E & O Certificate

**If you have any difficulties with the program call 888-441-0770.**

Back

Continue

## STEP 1 - PERSONAL INFORMATION

### Tell us who you are:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Middle Name:	<input type="text"/>	SSN:	<input type="text"/>
Birth Date:	<input type="text"/>	Email Address:	<input type="text" value="MGcarriers@medicaregenius.com"/>
Resident State Ins. License #:	<input type="text"/>	Driver's License #:	<input type="text"/>
NPN #:	<input type="text"/>		

In order to validate the provided email address, the system will email a confirmation message. Please take required steps upon receiving the message.

enter [MGcarriers@medicaregenius.com](mailto:MGcarriers@medicaregenius.com)

### Home Address:

Address:	<input type="text"/>	City:	<input type="text"/>
State:	Texas	Zip:	<input type="text"/>
Phone #:	<input type="text"/>		

### Business Information:

Business Name:	AWL Insurance Agency	Corporation Tax ID:	<input type="text"/>
Type:	<input type="radio"/> Individual/Sole Proprietor <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Other		
If other:	<input type="text"/>		

### Business Address: Same as Home Address

Address:	7300 FM 2222, Bldg 2, Ste 1	City:	Austin
State:	Texas	Zip:	78730
Phone #:	5128073594	Fax #:	<input type="text"/>

**Copy information exactly as you see it in this section**

### Current Insurance Company Affiliations:

Company Name:	<input type="text"/>	Type of Policy Sold:	Select Policy type
Annual Premium:	<input type="text"/>	Persistency:	<input type="text"/>

### Send Correspondence To: **Please provide complete Business Address**

- Residence  Business

### Answer the following Questions:

1. Are you now or have you ever been included in litigation with an insurance company that you represented?

## STEP 1 - SELECT CARRIER(S) AND STATE(S)

Here is a list of available Carriers & States. Please select which ones you want to be appointed with:

Select Carrier(s):

CUL

[Central United Life Company]

Select Appointment Type(s) for the Selected Carrier:

Individual

Corporation

Representative

Select State(s) you wish to be Appointment in:

Alabama

Res. Fee: \$40.00, Non-Res Fee: \$40.00

California

Res. Fee: \$29.00, Non-Res Fee: \$29.00

District of Columbia

Res. Fee: \$25.00, Non-Res Fee: \$25.00

Idaho

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Kansas

Res. Fee: \$5.00, Non-Res Fee: \$5.00

Maryland

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Mississippi

Res. Fee: \$25.00, Non-Res Fee: \$25.00

Nevada

Res. Fee: \$15.00, Non-Res Fee: \$15.00

New York

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Oklahoma

Res. Fee: \$30.00, Non-Res Fee: \$30.00

Rhode Island

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Texas

Res. Fee: \$10.00, Non-Res Fee: \$10.00

West Virginia

Res. Fee: \$25.00, Non-Res Fee: \$25.00

Alaska

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Colorado

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Florida

Res. Fee: \$60.00, Non-Res Fee: \$60.00

Illinois

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Kentucky

Res. Fee: \$40.00, Non-Res Fee: \$50.00

Massachusetts

Res. Fee: \$75.00, Non-Res Fee: \$75.00

Missouri

Res. Fee: \$0.00, Non-Res Fee: \$0.00

New Hampshire

Res. Fee: \$25.00, Non-Res Fee: \$25.00

North Carolina

Res. Fee: \$20.00, Non-Res Fee: \$20.00

Oregon

Res. Fee: \$0.00, Non-Res Fee: \$0.00

South Carolina

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Utah

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Wisconsin

Res. Fee: \$16.00, Non-Res Fee: \$40.00

Arizona

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Connecticut

Res. Fee: \$20.00, Non-Res Fee: \$20.00

Georgia

Res. Fee: \$14.84, Non-Res Fee: \$14.84

Indiana

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Louisiana

Res. Fee: \$20.00, Non-Res Fee: \$20.00

Michigan

Res. Fee: \$5.00, Non-Res Fee: \$5.00

Montana

Res. Fee: \$0.00, Non-Res Fee: \$0.00

New Jersey

Res. Fee: \$25.00, Non-Res Fee: \$25.00

North Dakota

Res. Fee: \$10.00, Non-Res Fee: \$10.00

Pennsylvania

Res. Fee: \$15.00, Non-Res Fee: \$15.00

South Dakota

Res. Fee: \$10.00, Non-Res Fee: \$20.00

Virginia

Res. Fee: \$10.00, Non-Res Fee: \$10.00

Wyoming

Res. Fee: \$15.00, Non-Res Fee: \$15.00

Arkansas

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Delaware

Res. Fee: \$25.00, Non-Res Fee: \$25.00

Hawaii

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Iowa

Res. Fee: \$5.00, Non-Res Fee: \$5.00

Maine

Res. Fee: \$30.00, Non-Res Fee: \$45.00

Minnesota

Res. Fee: \$30.00, Non-Res Fee: \$30.00

Nebraska

Res. Fee: \$8.00, Non-Res Fee: \$8.00

New Mexico

Res. Fee: \$20.00, Non-Res Fee: \$20.00

Ohio

Res. Fee: \$30.00, Non-Res Fee: \$30.00

Puerto Rico

Res. Fee: \$0.00, Non-Res Fee: \$0.00

Tennessee

Res. Fee: \$15.00, Non-Res Fee: \$15.00

Washington

Res. Fee: \$20.00, Non-Res Fee: \$20.00

Manhattan Life Annuities

## STEP 2 - READ AND DIGITALLY SIGN YOUR AGENT AGREEMENT

Use your Mother's Maiden Name as your electronic signature.

The Representative's withholding or converting to his own use, funds or property of the Company, an applicant or insured, or his violation of any governmental law or regulation relating to insurance, shall constitute an automatic breach of this Agreement which shall forthwith terminate.

This Agreement shall automatically terminate upon the death of the Representative.

Termination of this Agreement shall automatically terminate any previous agreement between the Company and the Representative. If requested, the Representative shall return to the Company at his own expense all rate books and other supplies furnished the Associate which shall be the property of the Company.

This Agreement, unless otherwise terminated as provided above, may be terminated either by the Company or the Representative by giving the other party fifteen days notice in writing at the last known address of such other party.

[Click View in PDF format](#)

have read the Agreement(s)

Agent's  
Name:

Agent's Signature  
[Mother's Maiden Name]:

Back

Continue

You are here:>> [Welcome](#) > [Manhattan Life Group](#) > [5 Easy Steps](#) > [Personal Information](#) > [Carrier\(s\) Selection](#) > Commission Schedule

## STEP 2 - COMMISSION SCHEDULE

MANHATTAN LIFE INSURANCE & CENTRAL UNITED LIFE  
INSURANCE COMPANY  
HOUSTON, TEXAS  
**Rep No Commissions**

**Level 9**

## STEP 3 - SELECT YOUR COMMISSION REMITTANCE

Please select how you would like your compensation delivered:

- I want Direct Deposit - I will be paid 2 times each month for MLIC or CUL and Weekly for FLIC
- I want a Paper Check - I will receive my paper check once each month. We will not cut a check for less than \$100
- I want to Assign my Commission

Please provide the Agent / Agency information

Agent/Agency Name:	AWL INSURANCE AGENCY
Address:	7300 FM 2222, Bldg 2-100
State:	Texas

SSN / Tax ID #:	7236
City:	Austin
Zip:	78730

[View The Assignment of Commission Form](#)

You are here: >> [Welcome](#) > [Manhattan Life Group](#) > [5 Easy Steps](#) > [Personal Information](#) > [Carrier\(s\) Selection](#) > [Commission Schedule](#) > Appointment Fees

## STEP 4 - PAY FOR YOUR STATE APPOINTMENT FEES

You have requested Appointment in the following State(s)

Fees per State:

Selected State	Fees
Alaska	\$0.00

Total Fees:

\$0.00 [ Fees Amount will not be charged until you are appointed ]

Agent's Signature  
[Mother's Maiden Name]:

[Back](#)

[Continue](#)

Manhattan Life Annuities

ManhattanLife Assurance

Family Life Insurance

Manhattan Life Insurance

Western United Life Assurance



English-US ▾

[ [Admin Log In](#) ]

[FAQ](#)

[Help](#)

You are here: >> [Welcome](#) > [Manhattan Life Group](#) > [5 Easy Steps](#) > [Personal Information](#) > [Carrier\(s\) Selection](#) > [Commission Schedule](#) > [Appointment Fees](#) > Documents

## STEP 5 - UPLOAD SUPPORTING DOCUMENTS

Please upload a copy of

1. State Insurance License Pending Upload
2. E & O Certificate Pending Upload
3. Additional Documents Optional

### Upload Documents

We only accept these documents in PDF format, if you are unable to comply please fax the documents to the number below.

**NOTE: Please make sure the pdf document is not password protected.**

Insurance License:  No file chosen  
E & O Certificate:  No file chosen  
Additional Document:  No file chosen

I would like to fax these Documents to 713-821-6512

## Manhattan Life Annuities

ManhattanLife Assurance

Family Life Insurance

Manhattan Life Insurance

Western United Life Assurance

## STEP 5 - REVIEW & ACKNOWLEDGE OUR COMPANY POLICY

All Company contracts and agreements provide that, if an agent commits any offense which would be a basis under any insurance code for denial or revocation of agent's license, the Company shall have the right to terminate the contract or agreement and all rights to receive commissions. All insurance codes provide that an agent's license may be denied or revoked if the agent materially misrepresents the terms and conditions of insurance policies or contracts, has been guilty of fraudulent or dishonest practices, or has otherwise shown untrustworthiness in the conduct of business and has exposed the public or those whom they are dealing to the danger of loss through wrongful acts of or practices.

### TWO OF THE MOST SERIOUS OFFENSES ARE AS FOLLOWS:

1. **Forgery.** Signing an applicant's name or initials to any document involved in the insurance contract, including amendments, or making any changes in such documents without the applicants signature or initials.
2. **Personal use of funds.** Using the agent's own funds for binding an insurance risk with the initial premium (cash with application).

Such unauthorized conduct is a violation of any agent's duty under the insurance codes and could lead to a conviction under

- I have read and agree to abide by the company policy above.

[Back](#)

[Continue](#)

## Manhattan Life Annuities

[ManhattanLife Assurance](#)

[Family Life Insurance](#)

[Manhattan Life Insurance](#)

[Western United Life Assurance](#)



English-US ▾

[ [Admin Log In](#) ]

[FAQ](#)

[Help](#)

You are here: >> [Welcome](#) > [Manhattan Life Group](#) > [5 Easy Steps](#) > [Personal Information](#) > [Carrier\(s\) Selection](#) > [Commission Schedule](#) > [Appointment Fees](#) > [Documents](#) > [Company Policy](#) > Anti-Money Laundering Guide

## ANTI-MONEY LAUNDERING GUIDE

### Producer's Guide to Anti-Money Laundering

The Manhattan Insurance Group (MIG) is a group of affiliated life and health insurance companies operating under the MIG umbrella: The Manhattan Life Insurance Company Central United Life Insurance Company Investors Consolidated Life Insurance Company Family Life Insurance Company MIG's anti-money laundering program is designed to comply with federal regulations for insurance companies to prevent activities that facilitates money laundering or the funding of terrorist or criminal activities. While many of the processes involved are conducted at our offices, you have an import role to play in the program. As a person who deals directly with customers, you are in a critical position to obtain information regarding the customer, their source of funds, and their reasons for purchasing an insurance product. To help prevent money laundering, you must understand how it works, be able to recognize suspicious activities, and comply with your responsibilities within the program.

### MONEY LAUNDERING DEFINED

Money laundering is the act of moving illegally obtained money through the financial system to disguise its origin and make

[Click View in PDF format](#)

I acknowledge that I have read and will comply with the above.

Agent's  
Name:

Agent's Signature  
[Mother's Maiden Name]:

## Manhattan Life Annuities

ManhattanLife Assurance

Family Life Insurance

Manhattan Life Insurance

Western United Life Assurance

## CONFIRMATION

You are done.

**Congratulations, your appointment request has been submitted successfully!**

We will review and process within the next three business days.

Click to view and save the following documents:

### Application & Forms

[Application](#)

[Commission Assignment](#)

### Agreement(s)

[Representative Agreement](#)

### Uploaded Documents

[Commission Schedule](#)

**You have opted to fax the following Documents**

State License

E & O Certificate

Driver License

**Additional Documents**

# Aetna PDP Contracting

- You will receive an email from Aetna Medicare Onboarding inviting you to get contracted with Aetna Medicare- click on the link to get started



Dear Mollie Sloyan,

Congratulations! You have been recruited to sell for Aetna Medicare at the LOA level. Please follow the link below to get started. This link will expire within 60 days of receipt.

**Click here to get started:** [https://www.aetna.com/producer\\_public/register.do?caseId=37822](https://www.aetna.com/producer_public/register.do?caseId=37822)

If you have any questions, please contact the Aetna Medicare Broker Services Department at (866) 714-9301, 8 a.m. to 8 p.m. EST, Monday through Friday.

**Recruiter Name:** AWL INSURANCE AGENCY INC

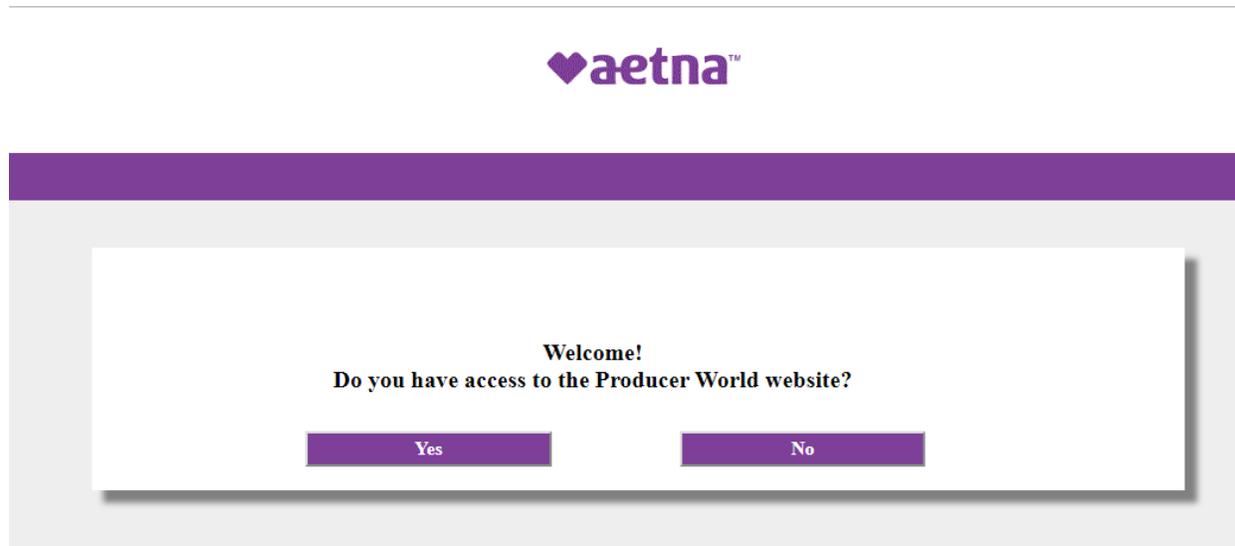
**Recruiter Email:** [psaaslicensing@allwebleads.com](mailto:psaaslicensing@allwebleads.com)

This e-mail may contain confidential or privileged information. If you think you have received this e-mail in error, please advise the sender by reply e-mail and then delete this e-mail immediately. Thank you. Aetna



# Aetna PDP Contracting

- Answer the question if you have access to Producer World Website. (If you have never written with Aetna through this website you would select No).



The screenshot shows the Aetna logo at the top, followed by a purple header bar. Below the header is a white box containing the text "Welcome!" and "Do you have access to the Producer World website?". There are two purple buttons labeled "Yes" and "No" for selection.

- If NO, Create an account by following the steps on the screen. You will create a username and password.
- **Your username and password MUST be sent to [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com) once created (later step), whether you just created it or already had an account.**

# Aetna PDP Contracting

- Once you have an account, login and “Continue” to complete your case.



Please follow the link below to complete your case.

[Continue](#)



- Click on the “Individual Invitation” link that is on your screen.

Open cases assigned to me		
Case Key	Case Name	Created On
<a href="#">Individual Invitation-OB-37822</a>	Sloyan: 09/21/2019	09/21/2019 07:22:32 AM, CDT

One item found.

# Aetna PDP Contracting

- You will go through all the tabs on the application.
- Make sure you review the info, if anything is wrong on the first tab, you will have to update with NIPR since that is where they are pulling this information from.
- There are questions on the Background questionnaire that must be completed before you can submit.
- You must also authorize to their background check. On this page, it will ask you for an email address.
- Once you go through all 4 tabs, click submit.

The screenshot displays a web application interface for Aetna PDP Contracting. At the top, there are four tabs: 'General', 'Licenses', 'Background Questionnaire', and 'Background Authorization'. The 'Background Questionnaire' tab is highlighted in yellow and labeled 'Incomplete'. Below the tabs, the form is organized into sections with purple headers:

- Regulatory Actions**
  - Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked? \*  Yes  No
  - Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you? \*  Yes  No
  - Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? \*  Yes  No
- Felony Offense**
  - Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any FELONY offense? \*  Yes  No
- Misdemeanor Offenses**
  - In the last 7 years, have you been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any MISDEMEANOR offense other than a minor traffic violation?  Yes  No
- Other Information**
  - Are you currently a party to any litigation or a subject of any investigation(s)?  Yes  No
  - Have you ever had an appointment with another insurance company denied or terminated for cause?  Yes  No

At the bottom right of the form, there are two buttons: 'Quick Save' and 'Submit'.

# Aetna PDP Contracting

- Once you his submit, you will get this confirmation screen. PLEASE SEND A SNIPIT TO [psaasonboarding@allwebleads.com](mailto:psaasonboarding@allwebleads.com) with exactly what is shown below. You must also include your Username and Password.

The screenshot displays a user interface for the onboarding process. At the top, a blue notification bar states "Case is successfully updated." with a close button. To the right, there is a search box labeled "Case ID" and two icons (help and user profile). Below this, the main content area is divided into two sections. The left section contains a table with the following data:

Onboarding Individual Invitation-OB-37822	
Case Name	Sloyan: 09/21/2019
Status	Certification Validation

The right section features a 13-step process flow. Step 3, "Certification Validation", is highlighted with a blue circle. The steps are: 1. Producer World Processing, 2. Producer Application, 3. Certification Validation, 4. Awaiting Background Report, 5. Awaiting Business Review, 6. Review Application, 7. Notice of Intent, 8. Incomplete, 9. Canceled by Agent, 10. Rejected by Broker Services, 11. Onboarding, 12. Exception, 13. Onboard Complete. Below the process flow is an "Actions" section with icons for "Add Document", "Cancel", and "Case Tools". At the bottom, a purple banner displays the message: "Validating certification for producer application."

# Check for Completion

- Use your printable onboarding checklist (attached to your welcome email) to ensure that all steps have been completed
- Keep a close eye on your email as your training approaches. We may reach out to request additional information needed to get everything set up for your first day

