


Agent Contracting Guide



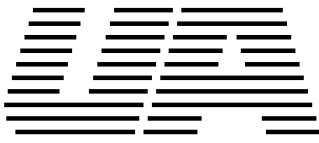
Agents are
the driving
force behind
our success.

We are United American.

Contracting forms to build your relationship with
United American Insurance Company.

Need Additional Information?

- Agent Service Center - 800-925-7355



My UA Agent Worksheet

A step by step guide to becoming a member of the UA Team!

REQUIRED

Please note, if any of the required forms listed below are not complete when returned with your paperwork and fees, it will delay the time necessary to conclude the activation process.

- Data Sheet**- Complete, Sign, Date.
 - o **NOTE: If Recruiting Agent writing number is not submitted with paperwork, the Recruiting Agent will not be included in the hierarchy..**
- Agent Contract** - Print name on page 1, sign/date lower right corner of page 2 (**must sign signature section above the dotted line**). *Return both pages.*
 - o **Advance Program (Optional Commission Loan Advance Program)** - Elect to receive loans from the Company by checking yes and signing at the bottom of page 2 (**must also sign signature section below the dotted line to request advances**). *This feature is optional and subject to a pre-screening background approval.*
- EFT-Direct Deposit Form** - Complete form-include a voided check.
- Hierarchy Worksheet** – (Attached separately, must be completed by Recruiting Agent)
- Business Associate Agreement (BAA)** - Print name on page 1, sign bottom of last page. *Return all pages.*
- W-9 Form** – Complete required information.
- Check/Money Order Payable to United American or Credit Card Authorization Form** Complete, Sign, Date. (If applicable-see introductory letter chart).

Please refer to your introductory letter for any applicable fees.

Non Resident States

Other than your resident state, please list any additional non-resident states were you currently hold a license and would like to be appointed. One fee check may be submitted for applicable resident and non resident fees.

Return Fee Memo

If your completed contracting paperwork will be returned by fax or email, use this form to forward any fees due to ensure a quick match up of your fee and paperwork once received at our office.

Attach a check or money order payable to United American, fill in the information below, and mail to our office.

ATTACH PAYMENT HERE

Agent Name: _____
Social Security Number: _____
Phone Number: _____
Email Address: _____
Date: _____

Please do not include copy of paperwork if previously faxed or emailed.

Return Options

Email:
GAContracting@tmkmail.com

Fax: (972) 569-3735

Mail: UA Licensing
P O Box 8080
McKinney, TX 75070

Over-night Address:
United American Insurance
3700 S Stonebridge
McKinney, TX 75070

Agent Contracting Data Sheet – Recruiting Agent Writing # A80204

NOTE: If Recruiting Agent writing number is not submitted with paperwork, the Recruiting Agent will not be included in the hierarchy.

Applicant Information – Print Name

Full Name:	Social Security Number:
------------	-------------------------

Top Agent or Agency

Full Name:	UA Account Number:
------------	--------------------

Business Address

Address:		Suite #:
City:	State:	ZIP Code:
Phone:	Fax:	Mobile:
E-Mail Address:		

Personal Address

Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Mobile:
E-Mail Address:		

Additional Information

Date of Birth:	Place of Birth:
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Name:	Is your spouse licensed to sell Life or Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Information required by State Insurance Departments

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, enclose court documents and an explanation)
Have you ever been refused, had suspended, or revoked an insurance license in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe an unpaid balance to any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, enclose particulars)

Authorization to Obtain Information

I certify that my answers are true and complete to the best of my knowledge.

I AUTHORIZE ANY CONSUMER REPORTING AGENCY, or any other organization, or person having knowledge of my character, reputation and financial position to give United American Insurance Company any and all such information. I understand that the information obtained by use of this authorization will be used by the Company to determine eligibility for agent appointments, and for other business purposes in connection with our relationship. I hereby release them from all liability for any damage that may ensue from furnishing this information.

I give my consent to United American Insurance Company to perform periodic criminal history background checks in any state, including Georgia, prior to, and up to, termination of my contract with United American.

I understand that any information obtained will not be released by United American Insurance Company to any person or organization except to persons or organizations performing business or legal services in connection with this application.

I know that I may request to receive a copy of this authorization and the report. I understand and agree that a photographic copy of this Authorization shall be valid as the original.

Date **X**

X

SIGNATURE OF APPLICANT

**UNITED AMERICAN INSURANCE COMPANY
GENERAL AGENCY DIVISION
INDEPENDENT CONTRACTOR'S AGREEMENT**

This Contract, and the Commission Schedule(s) attached hereto and made a part hereof for all purposes (collectively referred to as "this Contract"), made on this _____ day of _____, 20____ by and between **UNITED AMERICAN INSURANCE COMPANY** (hereinafter referred to as "Company"), and _____ (hereinafter referred to as "Independent Contractor") for the purpose of soliciting applications for insurance and insurance products written under the General Agency Division, which provides for the sale of life and health insurance products.

RELATIONSHIP OF PARTIES

It is expressly agreed that the relationship intended by this Contract between Company and Independent Contractor shall be that of an independent contractor relationship only, and that nothing contained herein shall be construed to create the relationship of employer and employee. This Contract or any benefit hereunder may not be assigned, transferred, or pledged by Independent Contractor, without Company's prior written consent.

MANNER OF CONDUCTING BUSINESS

Independent Contractor's clientele may be developed by him by any lawful means. Independent Contractor shall select his own hours and workdays and is under no obligation to account to Company for his time. Company may hold sales meetings to acquaint Independent Contractor with new products and sales techniques for the benefit of Independent Contractor. However, attendance at sales meetings will be optional and at the expense of Independent Contractor. Independent Contractor shall be free to exercise his own judgment as to the time, routine, place, method and manner he solicits insurance. Independent Contractor shall not solicit outside the jurisdiction for which he is licensed or contrary to the laws or insurance regulations of the states where he operates.

Company may from time to time make available to Independent Contractor supplies, leads, name lists, advertising matter and other material designed to assist Independent Contractor in soliciting business. All such material and other policyholder information, whether past, current or prospective, acquired by Independent Contractor shall remain the sole property of Company, shall not be duplicated and shall be returned to Company within five (5) days after the termination of this Contract.

EXPENSES

Independent Contractor shall be responsible for all expenses incurred in the production of insurance for Company. Independent Contractor shall at his own expense furnish his own means of transportation, office or place of business, advertisements, form letters, letterheads, circulars, and any other relevant expenses incurred in the solicitation of insurance for Company.

Independent Contractor shall be responsible to Company for all loss or damage arising from business done by and entrusted to him and shall indemnify and hold Company harmless from any and all expenses, costs, causes of action, loss or damages resulting from fraudulent or unauthorized acts or omissions of Independent Contractor and any agent(s) appointed by Company and assigned to Independent Contractor.

POWERS, DUTIES & RESPONSIBILITIES

During the continuance of this Contract:

- A. Independent Contractor has the authority to remit applications for insurance to Company for approval or rejection and to collect only the initial premium payments due on such applications.
- B. Independent Contractor may procure personally, or through agent(s) if applicable, applications for insurance underwritten by Company.
- C. When authorized by Company and subject to Company approval, Independent Contractor may recruit, train, and supervise agents.
- D. Independent Contractor shall have the duty of properly representing Company and developing his territory with diligence and in an ethical manner, and Independent Contractor agrees to conform to the rules, regulations, and practices of Company.
- E. Independent Contractor shall be responsible to Company for all monies and securities received by him for Company and shall hold such in trust separate from all other funds and securities, and promptly remit same to Company.

- F. Company reserves the right at any time to terminate the contract of any agent appointed by Company and assigned to Independent Contractor.
- G. Independent Contractor shall not insert or authorize the insertion of any advertising matter bearing Company's name in any email, written publication, on the internet, or on other social media sites, or issue or distribute, or authorize the issuance or distribution of, any circular or paper on behalf of Company, without first submitting said advertising matter in writing to Company and receiving prior written approval of Company. In addition, Independent Contractor must obtain Company's approval prior to referencing Company's name or products in any television or radio transmission.

COMMISSIONS

Company agrees to pay to Independent Contractor commissions on business written by Independent Contractor or any agents assigned to him by Company on premiums actually received and earned by Company in accordance with the Commission Schedule(s) attached hereto. In the event Company shall, either during the continuance of this Contract or after its termination, refund premiums under any policy to an Insured, Independent Contractor shall immediately repay to Company the amount of any commission paid him or his agent(s) on the premium so refunded.

- A. All commissions shall be calculated only on premium actually received by Company. Commissions will be calculated only on those premiums paid by or on behalf of the insured. No commissions shall be paid on interest, or on premium waived or commuted by reason of death, disability or exercise of policy options.
- B. Company at any time while this Contract is in force or after its termination may set off against any claims by Independent Contractor for commission or other monies accruing to the account of Independent Contractor under the terms of this Contract any debts, liabilities or obligations of Independent Contractor to Company or its affiliates. Independent Contractor further agrees that any indebtedness now or hereafter owing to Company or its affiliates shall be secured by a first lien against the commissions or any other monies payable to Independent Contractor under this Contract and any other contract Independent Contractor may have with Company or its affiliates. If Independent Contractor has one or more agents assigned to him and any such agent loses his vesting and has a debit balance with Company at such time, then that agent's account, including the debit balance, will be incorporated into Independent Contractor's account with Company. Independent Contractor's account will be credited with commissions from and debited for all charges against such agent's account. However, upon paying such indebtedness to Company, Independent Contractor will be subrogated to Company's right of recovery against such agent and Company will, if requested, assign its rights in said indebtedness to Independent Contractor, without recourse or warranty. Notwithstanding the foregoing, Company reserves the right, in its sole discretion, to instead incorporate any such agent's account into the account of an intervening agent assigned to Independent Contractor. Nonetheless, Independent Contractor is ultimately responsible to Company for all indebtedness which any agent assigned to Independent Contractor owes to Company.
- C. All amounts owed to Company or its affiliates by Independent Contractor shall become due and payable immediately upon notice to Independent Contractor.
- D. The right to receive commission shall automatically terminate upon termination of this Contract except as provided herein. Payment of renewal commission upon termination of this Contract will be vested immediately, subject, however, to Company's right of set off as set forth in this Contract, the limitations and exceptions described below and the provisions of the Loan Agreement and Department sections of this Contract.

The right to receive vested renewal commissions, if any, shall immediately terminate without notice if:

- (1) This Contract is terminated for cause or for any violations of any of the provisions or agreements of this Contract.
 - (2) In any calendar year following termination the amount of vested renewal commissions paid under this Contract is less than \$500.00.
 - (3) Any debit balance is not repaid within 120 days after termination of this Contract.
- E. At the option of Company, payment of commissions will be held in abeyance for 120 days after termination to determine the existence of any sums due Company which are to be set off against commissions.
 - F. Termination of an agent assigned to Independent Contractor shall not affect the right, if any, of Independent Contractor to receive overwrite commission on the production of such terminated agent.

This Contract shall be terminated by the death of Independent Contractor, if an individual, and all eligible renewal commissions shall be then vested and payable to the surviving spouse. If there is no surviving spouse then such renewal commissions shall be paid to the Executors or Administrators of Independent Contractor's Estate.

Company reserves the right to alter, increase, decrease, modify or withdraw the Commission Schedule and/or Loan Agreement Provisions of this Contract at any time. However, any change shall apply from and after the effective date of such change on business produced after that date.

LOAN AGREEMENT

If Independent Contractor elects, Company may make periodic loans to Independent Contractor against future credited commissions on applications written and submitted to Company by Independent Contractor or any agents assigned to Independent Contractor. Such loans shall be made in lieu of payment of credited commissions as provided in the Commission Schedule.

- A. Such loan(s) shall be based on insurance premiums on production submitted on completed applications. The amount loaned shall be determined in the sole discretion of Company.
- B. Any loan proceeds shall be reduced by the amount of chargebacks to Independent Contractor's account from any source.

INDEBTEDNESS OF INDEPENDENT CONTRACTOR

Any indebtedness owed by Independent Contractor to Company shall be paid upon notice to Independent Contractor. In addition to the provisions of the "Department" paragraph below, all indebtedness of Independent Contractor to Company shall be secured by a first lien on any commissions or renewal commissions due or to become due Independent Contractor. Company may at any time offset against all commissions accrued or to accrue to Independent Contractor, any debt due from Independent Contractor to Company or its affiliates, whether now existing or hereafter arising. In the event any indebtedness is placed in the hands of a collection agent or attorney, or both, Company shall be entitled to recover reasonable collection and attorney's fees. Unless otherwise prohibited by law or regulation, such indebtedness shall include any amounts paid by Company to appoint and/or properly license Independent Contractor. In addition, in the event Independent Contractor's indebtedness to Company is completely discharged by any individual or entity to whom Independent Contractor is assigned, such individual or entity shall be subrogated to Company's right to recover the balance of such indebtedness from Independent Contractor, and may thereafter proceed directly against Independent Contractor without the joinder of Company.

INDEBTEDNESS OF AGENT

For the purposes of this paragraph, an "agent" shall be any individual or entity appointed with Company to solicit insurance on its behalf on whom Independent Contractor receives an overwrite commission, or who is assigned to Independent Contractor and becomes a part of Independent Contractor's hierarchy, irrespective of the number of levels of agents under Independent Contractor. Independent Contractor shall be fully responsible for any indebtedness (sometimes referred to as an "agent's debit balance") of an agent, and does hereby guarantee payment of any and all indebtedness of an agent. Independent Contractor hereby approves any advances or loans which Company makes to an agent assigned to Independent Contractor, and Company shall not be obligated to obtain Independent Contractor's approval of any specific loan or advance. If an agent's appointment with Company is terminated for any reason (whether by Company, the agent or by mutual agreement), Company shall give the departing agent a period of 120 days within which to pay any indebtedness to Company by direct payment, application of renewal commissions or a combination thereof. In the event such indebtedness has not been discharged in full at the expiration of that 120 day period, the agent's right, if any, to further renewal commissions from Company shall automatically terminate, and Independent Contractor shall be liable for and responsible to discharge such indebtedness just as though Independent Contractor had incurred such indebtedness directly. In such event, Company shall have the same rights and remedies to recover said indebtedness from Independent Contractor as set forth in the "Commissions" paragraph. Upon payment and discharge of said indebtedness in full, Independent Contractor shall be subrogated to Company's rights against the agent, and may proceed directly against the agent without the joinder of Company.

DEPARTMENT

Should Independent Contractor at any time, either before or after termination of this Contract, wrongfully withhold any funds belonging to any applicant for insurance, a policyholder, or Company; or should Independent Contractor induce any policyholder to lapse, relinquish or surrender a policy with Company; or should Independent Contractor be in default under, or fail to comply with any provision, covenant, representation or warranty contained in this Contract or any other Contract, or in any document or instrument related thereto, between Independent Contractor and Company; or should Independent Contractor fail to comply with any State insurance laws or regulations, or Federal laws or regulations under which he or it is licensed or is otherwise subject; then Independent Contractor shall immediately forfeit his right to receive any commissions or any other compensation due or to become due, whether vested or otherwise, under this Contract or any other agreement with Company.

ADDITIONAL PROVISIONS

This Contract is personal and not transferable. Any assignment, transfer, or sale of this Contract or any right to interest herein, without prior written consent of Company, shall not be valid or in any way binding upon Company.

The use of the masculine gender shall include the feminine gender and the use of the singular shall include the plural where appropriate.

This Contract takes effect on the date and year first above written.

TERMINATION

This Contract may be terminated at the will of either party hereto, for any reason or without cause, at any time upon actual notice, written or oral. Cancellation or loss of license shall automatically terminate this Contract.

IN WITNESS WHEREOF, this Contract has been signed by the parties hereto.

UNITED AMERICAN INSURANCE COMPANY

BY: _____
President

X _____
Date

X _____
Signature of Independent Contractor

Must complete below to elect to receive loans (advances)

Re: Loan Agreement:

- I DO elect to receive loans from Company.
- I DO NOT elect to receive loans from Company.

X _____
Date

X _____
Signature of Independent Contractor

Business Associate Agreement

This Agreement is made effective the _____ of _____, 201__, by and between **UNITED AMERICAN INSURANCE COMPANY**, hereinafter referred to as "Covered Entity", and _____, hereinafter referred to as "Business Associate", (individually, a "Party" and collectively, the "Parties").

WITNESSETH:

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Security and Privacy Rule"); and

WHEREAS, the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), pursuant to Title XIII of Division A and Title IV of Division B, called the "Health Information Technology for Economic and Clinical Health" ("HITECH") Act, provides modifications to the HIPAA Security and Privacy Rule (hereinafter, all references to the "HIPAA Security and Privacy Rule" are deemed to include all amendments to such rule contained in the HITECH Act and any accompanying regulations, and any other subsequently adopted amendments or regulations); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Security and Privacy Rule (the agreement evidencing such arrangement is herein referred to as the "Arrangement Agreement"); and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties' continuing obligations under the Arrangement Agreement, compliance with the HIPAA Security and Privacy Rule, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Security and Privacy Rule and to protect the interests of both Parties.

I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Security and Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Security and Privacy Rule, as amended, the HIPAA Security and Privacy Rule shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Security and Privacy Rule, but are nonetheless permitted by the HIPAA Security and Privacy Rule, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. "Protected Health Information" includes without limitation "Electronic Protected Health Information" as defined below.

The term "Electronic Protected Health Information" means Protected Health Information which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.

Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

II. CONFIDENTIALITY AND SECURITY REQUIREMENTS

(a) Business Associate agrees:

(i) to use or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship, or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Arrangement Agreement (if consistent with this Agreement and the HIPAA Security and Privacy Rule), or the HIPAA Security and Privacy Rule, and (3) as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity. All such uses and disclosures shall be subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and 45 CFR § 164.502(b) regarding the minimum necessary requirements;

(ii) at termination of this Agreement, the Arrangement Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible;

(iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information, and agrees to implement reasonable and appropriate safeguards to protect any of such information which is Electronic Protected Health Information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement;

(iv) Business Associate shall, following the discovery of a breach of unsecured PHI, as defined in the HITECH Act or accompanying regulations, notify the covered entity of such breach pursuant to the terms of 45 CFR § 164.410 and cooperate in the covered entity's breach analysis procedures, including risk assessment, if requested. A breach shall be

treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate will provide such notification to Covered Entity without unreasonable delay and in no event later than thirty (30) calendar days after discovery of the breach. Such notification will contain the elements required in 45 CFR § 164.410; and

(v) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional applicable requirements of the Privacy Rule, including those contained in 45 CFR §§ 164.502(e) and 164.504(e)(1)(ii), at such time as the requirements are applicable to Business Associate. Business Associate will not directly or indirectly receive remuneration in exchange for any PHI, subject to the exceptions contained in the HITECH Act, without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed to be “marketing” under the HITECH Act. In addition, Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all applicable requirements of the Security Rule, contained in 45 CFR §§ 164.308, 164.310, 164.312 and 164.316, at such time as the requirements are applicable to Business Associate.

(b) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

(i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:

(A) the disclosure is required by law; or

(B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(ii) for data aggregation services, if to be provided to Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

(c) Business Associate will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the HIPAA Security and Privacy Rule.

(d) The Secretary of Health and Human Services shall have the right to audit Business Associate’s records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity’s compliance with the terms of the HIPAA Security and Privacy Rule.

(e) Business Associate shall report to Covered Entity any use or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident of which it becomes aware. For

purposes of this Agreement, "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

III. AVAILABILITY OF PHI

Business Associate agrees to comply with any requests for restrictions on certain disclosures of Protected Health Information pursuant to Section 164.522 of the HIPAA Security and Privacy Rule to which Covered Entity has agreed and of which Business Associate is notified by Covered Entity. Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Security and Privacy Rule. If Business Associate maintains Protected Health Information electronically, it agrees to make such Protected Health Information electronically available to the applicable individual. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Security and Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Security and Privacy Rule and Section 13405(c)(3) of the HITECH Act. Business Associate and Covered Entity shall cooperate in providing any accounting required on a timely basis.

IV. TERMINATION

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately.

V. MISCELLANEOUS

Except as expressly stated herein or the HIPAA Security and Privacy Rule, the Parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Arrangement Agreement and/or the business relationship of the Parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of Texas. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

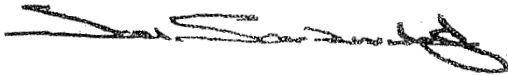
The Parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a Party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Security and Privacy Rule, including any then-current requirements of the HITECH Act or its regulations, such Party shall notify the other Party in writing. For a period of up to thirty (30) days, the Parties shall address in good faith such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, after such thirty-day period, the Agreement fails to comply with the HIPAA Security and Privacy Rule, including the HITECH Act, then either Party has the right to terminate upon written notice to the other Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

UNITED AMERICAN INSURANCE COMPANY:

BUSINESS ASSOCIATE:



By: Joel Scarborough
Title: Vice President & Associate Counsel

By: X
Title: X



Electronic Funds Transfer – Direct Deposit

United American is now recommending that all Agents take advantage of this more convenient, safe, and efficient manner of receiving commission payments. No more checks to cash, no more worrying about lost or stolen checks, and in most cases, funds are available sooner than regular checks. Enrolling is as easy as 1-2-3. Simply complete the form below, attach a voided check, and return to our office by email to ALTECH@torchmarkcorp.com, fax to 972-569-3735, or mail to the attention of Agent Licensing at the address below.

→ **Please Note: You may receive one more commission check via mail while we are initiating the EFT process.**

Sincerely,

ANDREW W. KING
PRESIDENT
UNITED AMERICAN
INSURANCE COMPANY

United American Insurance Company Authorization Agreement for Direct Deposit

Important: This form will not be effective without a VOIDED check for the account indicated in Section 2 and this form signed in Section 3 by the individual listed in Section 1.

1	Name (please print)	Agent Number	SSN/TaxID

I hereby authorize United American Insurance Company to deposit directly into my account listed below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited.

2	Depository Name	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan	City, State, Zip
	Transit/ABA number	<input type="checkbox"/> Checking Account	Account Number

This authorization will remain in effect until cancelled by the company or the company has received written notification from me that it is to be terminated in such time and manner for the company to act on it.

3	Signature	Date
	X	X

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the “Exempt from backup withholding” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

CREDIT CARD AUTHORIZATION

I hereby authorize you to charge my credit card account for my United American Insurance Company Appointment Fee in the amount of \$

The account number is

The expiration date is _____
Month Year

The security code is _____
(For VISA, Discover Card or Mastercard the security code is located on the back of the card and is 3 digits, for American Express the security code is 4 digits and is found on the front of the card.)

Credit Card Type

- VISA
- Discover Card
- Mastercard
- American Express

Printed Name

Signature Date



UNITED AMERICAN INSURANCE COMPANY COMMISSION SCHEDULE LEVEL 04

The following commission rates shall apply:

Lead Contract

1U94

LEVEL 04

POLICY TYPE	PLANS	AGES	STATES	1st Year	Years 2-5	Year 6	Years 7+	
Medicare Supplement Products * Ages 65 and over	A, B, C, D, F, G, MC48	65(+)	STD	14.00%	14.00%	14.00%	14.00%	
		65(+)	IN	14.00%	14.00%	14.00%	14.00%	
		65(+)	WA	8.00%	8.00%	8.00%	8.00%	
		65(+)	WV	14.00%	14.00%	8.00%	8.00%	
		HDF	65(+)	STD	14.00%	14.00%	14.00%	14.00%
			65(+)	WA	8.00%	8.00%	8.00%	8.00%
			65(+)	WV	14.00%	14.00%	8.00%	8.00%
			65(+)	WV	14.00%	14.00%	8.00%	8.00%
		K, L, N Attained Age	65-69	STD	21.00%	21.00%	21.00%	8.00%
			70-74	STD	16.00%	16.00%	16.00%	8.00%
			75+	STD	11.00%	11.00%	11.00%	8.00%
			65(+)	IN	14.00%	14.00%	14.00%	14.00%
	65-69		WV	21.00%	21.00%	8.00%	8.00%	
	70-74		WV	16.00%	16.00%	8.00%	8.00%	
	75+		WV	11.00%	11.00%	8.00%	8.00%	
	65(+)		WA	8.00%	8.00%	8.00%	8.00%	
	K, L, N Issue Age	65-69	STD	18.00%	18.00%	18.00%	8.00%	
		70-74	STD	16.00%	16.00%	16.00%	8.00%	
		75+	STD	14.00%	14.00%	14.00%	8.00%	
		65(+)	WA	8.00%	8.00%	8.00%	8.00%	
		(-)65	STD	14.00%	14.00%	14.00%	14.00%	
		(-)65	IN	14.00%	14.00%	14.00%	14.00%	
	Disability (Underwritten)	A, B, C, D, F, G, MC48	(-)65	STD	14.00%	14.00%	14.00%	14.00%
			(-)65	IN	14.00%	14.00%	14.00%	14.00%
(-)65			KS	0.00%	0.00%	0.00%	0.00%	
(-)65			WA	8.00%	8.00%	8.00%	8.00%	
(-)65			WV	14.00%	14.00%	8.00%	8.00%	
(-)65			WV	14.00%	14.00%	8.00%	8.00%	
HDF		(-)65	STD	14.00%	14.00%	14.00%	14.00%	
		(-)65	KS	0.00%	0.00%	0.00%	0.00%	
		(-)65	WA	8.00%	8.00%	8.00%	8.00%	
		(-)65	WV	14.00%	14.00%	8.00%	8.00%	
		(-)65	STD	14.00%	14.00%	14.00%	14.00%	
		(-)65	KS	0.00%	0.00%	0.00%	0.00%	
K, L, N	(-)65	STD	14.00%	14.00%	14.00%	14.00%		
	(-)65	KS	0.00%	0.00%	0.00%	0.00%		
	(-)65	WA	8.00%	8.00%	8.00%	8.00%		
	(-)65	WV	14.00%	14.00%	8.00%	8.00%		
	(-)65	STD	14.00%	14.00%	14.00%	14.00%		
	(-)65	KS	0.00%	0.00%	0.00%	0.00%		
Disability (O/E, G/I, ESRD)**	A, B, C, D, F, G, MC48	(-)65	STD	0.00%	0.00%	0.00%	0.00%	
		(-)65	AZ	5.00%	5.00%	5.00%	5.00%	
		(-)65	FL	7.00%	7.00%	7.00%	7.00%	
		(-)65	IN	14.00%	14.00%	14.00%	14.00%	
		(-)65	CA, CO, IL, KS, ME, MO	14.00%	14.00%	14.00%	14.00%	
		(-)65	STD	0.00%	0.00%	0.00%	0.00%	
		(-)65	AZ	5.00%	5.00%	5.00%	5.00%	
		(-)65	FL	7.00%	7.00%	7.00%	7.00%	
		(-)65	CA, CO, IL, KS, ME, MO	14.00%	14.00%	14.00%	14.00%	
	HDF	(-)65	STD	0.00%	0.00%	0.00%	0.00%	
		(-)65	AZ	5.00%	5.00%	5.00%	5.00%	
		(-)65	FL	7.00%	7.00%	7.00%	7.00%	
		(-)65	CA, CO, IL, KS, ME, MO	14.00%	14.00%	14.00%	14.00%	
		(-)65	STD	0.00%	0.00%	0.00%	0.00%	
		(-)65	AZ	5.00%	5.00%	5.00%	5.00%	
		(-)65	FL	7.00%	7.00%	7.00%	7.00%	
		(-)65	IN	14.00%	14.00%	14.00%	14.00%	
		(-)65	CA, CO, IL, KS	11.00%	11.00%	11.00%	8.00%	
K, L, N	(-)65	ME, MO	14.00%	14.00%	14.00%	8.00%		

NOTE: All Products may not be available in your state. Standard Rates shall apply unless state specific rates are provided herein.

The above commission percentages constitute the total combined commissions which can be earned at this hierarchy level and all levels beneath it (i.e., any assigned agents who are lower in the hierarchy). Total commissions paid under this Schedule shall be reduced by the amount of any commissions paid or loaned by Company to such assigned agents for the same business.

Commissions will be 3% less when initial premium payment is made by credit/debit card. In addition, all subsequent commissions will be contingent on the method of initial premium payment.

The Company reserves the right to change the commissions at any time, however, any change shall apply from and after the effective date of such change on business produced after that date. The Company in its sole discretion will determine which products will be available for sale and may withdraw any products at any time.

The Company shall determine the commission on any policy which is determined to be an internal replacement or conversion of an existing Company policy, or policy of any Torchmark-affiliate, in accordance with applicable practices and procedures in use at such time. The foregoing may result in the reduction, or elimination altogether, of commissions otherwise payable hereunder.

All States, excluding Washington State Medicare Supplement Sales: The initial commission is calculated on the modal premium collected with the application. Remaining first year commissions are calculated on the first policy year premiums collected subsequent to issue. Second and subsequent years renewal commissions are calculated on premiums collected after the first policy year. Renewal commissions will be calculated on the premium in effect on issue date or the premium paid, whichever is lower. Premium increases implemented after policy issue will not be counted in the calculation of commissions.

Washington State Medicare Supplement Sales: The initial commission is calculated on the modal premium collected with the application. Remaining first year commissions are calculated on the first policy year premiums collected subsequent to issue. Second and subsequent years renewal commissions are calculated on premiums collected after the first policy year. Renewal commissions will be calculated based on collected premiums.

*Notwithstanding anything to the contrary herein, renewal commissions shall be 0% in policy years 7+ for Medicare Supplement policies issued on a Guaranteed Issue basis due to replacement of a Medicare Advantage policy, excluding any such policies sold in WA.

**Refers to Open Enrollment, Guaranteed Issue and End Stage Renal Disease.

Commissions will not be paid on any portion of the premium charged for Medicare Supplement policies that is attributable to coverage for the Medicare Part B Deductible.

No commissions will be paid in association with Reserve Fund Annuity sales. Commissions will not be paid on any fees charged for a non-insurance program or service.

This Commission Schedule is subject to any change required by federal or state law or regulation.

This Commission Schedule shall be effective October 1,2010

Rev 05-16-11 tw

UNITED AMERICAN INSURANCE COMPANY COMMISSION SCHEDULE LEVEL 04

The following commission rates shall apply:

Lead Contract 1U97 LEVEL 04

POLICY TYPE	PLANS	AGES	STATES	1st Year	Years 2-3	Year 4-10	Years 11+	
Other Health Products								
Other Health Product	MMGAP	ALL	STD	35.00%	8.00%	8.00%	8.00%	
		ALL	CA	11.00%	2.00%	2.00%	2.00%	
		ALL	CO, VA, PA	25.00%	6.00%	6.00%	6.00%	
	CILS	ALL	FL, ND, SD, WV	19.00%	4.00%	4.00%	4.00%	
		ALL	STD	40.00%	8.00%	8.00%	8.00%	
		ALL	CO, MD, WA	35.00%	6.00%	6.00%	6.00%	
	CANLS	CANLS-2	ALL	FL	40.00%	4.00%	4.00%	4.00%
			ALL	STD	50.00%	8.00%	6.00%	6.00%
	CANB	UA250, HIXC, HMXC	ALL	CO, MD, WA	25.00%	8.00%	8.00%	8.00%
			ALL	FL	40.00%	9.00%	9.00%	9.00%
			ALL	MT, NH, WY	40.00%	9.00%	9.00%	9.00%
	INDEM1		ALL	STD	40.00%	8.00%	8.00%	8.00%
			ALL	CA	25.00%	4.00%	4.00%	4.00%
	Life & Annuity Products:							
	Fundamental Life Series I	WL, 10 Yr Term, 21 Pay WL	0-74	STD	80.00%	11.00%	8.00%	8.00%
75+			STD	70.00%	7.00%	7.00%	7.00%	
Fundamental Life Series II	Whole Life	0-80	STD	60.00%	2.00%	2.00%	1.00%	
		10 Year Renewable Term	0-60	STD	95.00%	3.00%	3.00%	1.00%
		10 Year & 20 Year Term	20-70	STD	50.00%	1.00%	1.00%	1.00%
Single Premium Deferred Annuity	Life Style	0-80	STD	3.00%	N/A	N/A	N/A	
		81-85	STD	3.00%	N/A	N/A	N/A	
		86-90	STD	3.00%	N/A	N/A	N/A	

NOTE: All Products may not be available in your state. Standard Rates shall apply unless state specific rates are provided herein.

The above commission percentages constitute the total combined commissions which can be earned at this hierarchy level and all levels beneath it (i.e., any assigned agents who are lower in the hierarchy). Total commissions paid under this Schedule shall be reduced by the amount of any commissions paid or loaned by Company to such assigned agents for the same business.

Commissions will be 3% less when initial premium payment is made by credit/debit card. In addition, all subsequent commissions will be contingent on the method of initial premium payment.

The Company reserves the right to change the commissions at any time, however, any change shall apply from and after the effective date of such change on business produced after that date. The Company in its sole discretion will determine which products will be available for sale and may withdraw any products at any time.

The Company shall determine the commission on any policy which is determined to be an internal replacement or conversion of an existing Company policy, or policy of any Torchmark-affiliate, in accordance with applicable practices and procedures in use at such time. The foregoing may result in the reduction, or elimination altogether, of commissions otherwise payable hereunder.

The initial commission is calculated on the modal premium collected with the application. Remaining first year commissions are calculated on the first policy year premiums collected subsequent to issue. Second and subsequent years renewal commissions are calculated on premiums collected after the first policy year. Renewal commissions will be calculated on the premium in effect on issue date or the premium paid, whichever is lower. Premium increases implemented after policy issue will not be counted in the calculation of commissions.

Annuity commissions will be based on the amount deposited with Company during a given policy year. Commissions will be paid on deposit amounts actually received by the Company, less any deposit amounts refunded. If the Company refunds any deposit amounts or does not receive deposit amounts on which commissions may have been paid or loaned to Independent Contractor, independent Contractor shall immediately repay to Company all commissions previously paid or loaned on such deposit amounts. Commission chargebacks may occur due to policy cancellation, policy surrender, withdrawals, death of annuitant or owner, or minimum distribution requirements. The date of the aforementioned event and the age of the annuitant or owner shall be used in determining the commission chargeback.

This Commission Schedule is subject to any change required by federal or state law or regulation.

This Commission Schedule shall be effective September 1, 2010

Rev 05-02-11 tw