

# MedAmerica Simply Business<sup>SM</sup> Application for Association Offering

## 1. Association Information

Print Name of Association		Print Name of Contact Person		Title
Address, City, State, Zip Code			Association Web site	
Contact E-mail Address		( )	( )	
		Telephone	Fax	
# of Members	Do you have members in all 50 states?	<input type="checkbox"/> Yes <input type="checkbox"/> No*   * If no, please list states where members are located. List States:		

## 2. Agent Information

Agent of Record Full Name		Agent E-mail Address		MedAmerica Writing #
Agent Mailing Address (Street Address, City, State, Zip)			( )	( )
			Telephone	Fax
Supervising General Agency (SGA) Name				SGA E-mail Address
Who is authorized to market to the members of this Association? (Check all that apply)  Note: In order to use the Web Enrollment tools, we will need to attach the Association to the Agency or Agent and their Downline to validate all agent writing numbers.	<input type="checkbox"/> Exclusive to Agent of Record and Downline (if applicable)			
	<input type="checkbox"/> Available to <u>ALL</u> agents in the SGA Downline			
<input type="checkbox"/> Available to Other Agencies and their Downline: Please List Names of Agencies				
<input type="checkbox"/> Available to Other Agents: Please List Names/Writing Numbers of Agents — Use separate sheet if necessary				

## 3. Association Signature and Commitment

I attest that I am the authorized representative for the above named Association and have the authority to select the Agent/Agency named above to be the Agent of Record to market the MedAmerica Simply Business Association Program long term care insurance to all eligible members of the Association. The Association agrees to support the Agent of Record in the implementation of a communication and enrollment program. I understand the product and rates vary by state. I understand that MedAmerica has a right to periodically review the ongoing eligibility of the Association in the Simply Business Program.

I attest the above named Association meets all of the following criteria:

- The Association is member based, not customer based
- The Association has been active for at least one year
- The Association has a constitution and/or by-laws and agrees to provide MedAmerica verification upon request
- The Association holds regular meetings with member voting privileges and has an assigned designee authorized by its membership or owner (e.g. president/chairperson)
- The Association is organized for purposes other than the purchase of insurance

Print Full Name of Authorized Association Representative		Print Title	
Signature of Authorized Association Representative		Date Signed	
Signature of Agent		Date Signed	

**MedAmerica Approval Section**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ MedAmerica Assigned Group #: \_\_\_\_\_