


I'm not robot  reCAPTCHA

**I am not robot!**





**Gerber Life Insurance Company**

(Please print clearly and complete all sections, where applicable. This form is good for 3 (3) years from the date it is signed.)

Insurance Producer Name: \_\_\_\_\_

(PR Agent Only) Full Agent Name: \_\_\_\_\_

City of the U.S.:  No  Yes  No (If no, please provide proof of eligibility to work in the U.S.) Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Agency Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

**Errors and Omissions Insurance Information:**

E&O coverage is with: \_\_\_\_\_ Carrier Name, with Limits of \$ \_\_\_\_\_

and a \$ \_\_\_\_\_ deductible. I will promptly notify Gerber Life Insurance Company of any cancellation or modification of coverage.

(NOTE: Your signature on this document affirms your agreement to certain terms and conditions insurance covering the sale and renewal of Gerber Life Insurance policies.)

**Background Experience:** (Please read and answer each question carefully.)

1. In the past seven (7) years, have you been fined, suspended, placed on probation or had a license revoked, paid administrative penalties, entered into a consent order, been issued a non-stipulated or observational time suspension or reprimand, or are you currently under investigation by any insurance department, FINRA, the SEC or any other regulatory authority?  Yes  No

2. In the past seven (7) years, have you been convicted or pled guilty or nolo contendere (no contest) in connection with any offense, served any probation, paid any fines or court costs, for any offense other than a minor traffic violation?  Yes  No

3. In the past seven (7) years, have you been short in account with any insurance company or employer?  Yes  No

Company Name: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

4. In the past seven (7) years, have you had an application for bond declined?  Yes  No

5. In the past seven (7) years, have you filed for bankruptcy?  Yes  No

(Provide a separate document with written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions to which you responded "yes." Please be sure to date and sign the written explanation.)

**New York Producers Only:** I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.

**All Producers:** I will retain a copy of any written disclosures of compensation provided to purchasers as required by New York regulation or regulation of any other state.

Corporate Agency Name (Print or Type) \_\_\_\_\_ Signature of Writing Agent \_\_\_\_\_

Date Signed \_\_\_\_\_ Name of Writing Agent (Print or Type) \_\_\_\_\_

AET-05F-0314

.....q Yes q No2. In the past seven (7) years, have you been convicted or plead guilty or nolo contendere (no contest) in connection with any offense, served any probation, paid any fines or court costs, for any offense other than a minor traffic violation?.....q Yes q No3. In the past seven (7) years, have you been short in account with any insurance company or employer? ..... q Yes q No Company Name: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ 4. In the past seven (7) years, have you had an application for bond declined? ..... q Yes q No5. In the past seven (7) years, have you filed for bankruptcy? ..... q Yes q No

No/Provide a separate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions to which you responded "yes." Please be sure to date and sign the written explanations.)New York Producers Only: I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.All Producers: I will retain a copy of any written disclosures of compensation provided to purchasers as required by New York regulation or regulation of any other state.

Set up as: q Individual q Corporation q BothTO BE COMPLETED BY UPLINE AGENT (Recruiter, Agents Direct Reporting Authority Direct

Reporting Authority's Agent IDAgent Role and Level (check only one):q Writing Agent Only-Level \_\_\_\_\_ q Recruiter/Corp Only-Level \_\_\_\_\_ q Both Writing Agent-Level \_\_\_\_\_ and Recruiter/Corp - Level \_\_\_\_\_ FAIR CREDIT REPORTING ACT DISCLOSUREGerber Life Insurance Company will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting and/or appointment as an insurance producer to represent us. We will obtain these consumer Business Information Group, Inc. "Consumer Reports" means written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, which will be used by Gerber Life Insurance Company, in whole or in part, for the purpose of serving as a factor in establishing your eligibility to be appointed as an insurance producer for us.A "Consumer Report" means a credit check, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be contracted and/or For Residents of California, Minnesota and Oklahoma: You have a right to request a copy of the consumer report which will disclose the nature and scope of the report. If you would like to request a copy of the consumer report, please indicate by a YES, please provide me a copy of the consumer report.For Residents of New York: You have a right, upon written request, to be informed of whether or not a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.Gerber Life Insurance Company is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history, obtained through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted.I understand that this consumer report will include information as to my general reputation, personal characteristics and mode I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report records, data and information to Gerber Life Insurance Company.I understand that if contracted and/or appointed, this authorization will remain valid as long as I am contracted and or appointed with Gerber Life Insurance Company.A photocopy of this authorization shall be considered as effective as the original.Puerto Rico Agents Only - Agents First, Middle, First Last Name and Second Last Name \_\_\_\_\_ Department of the Treasury Identification Number and CertificationSee Specific Instructions on page 2.1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.2 Business name/disregarded entity name, if different from above3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estateLimited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Note: For a single-member LLC that is disregarded, do not check the appropriate box in the line above for the tax classification of the single-member owner. 4 Exemptions (codes apply only to certain entities, not individuals; see Exempt payee code (if any)Exemption from FATCA reporting(Applies to accounts maintained outside the U.S.)5 Address (number, street, and apt. or suite no.)6 City, state, and ZIP code7 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 generally 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 Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.Employer identification number 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); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.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.

**Department of Veterans Affairs**

(VBA Form 10-103, 10/01)

**SUPPLEMENTAL DESIGNATION OF BENEFICIARY - GOVERNMENT LIFE INSURANCE**

NOTE: This form is used to designate a beneficiary for VA Government Life Insurance. It is used in addition to the VA Form 10-103, Designation of Beneficiary - Government Life Insurance that was signed on \_\_\_\_\_ Date Signed \_\_\_\_\_

CHECK BOX IF YOU WANT THE DESIGNATION TO ONLY APPLY TO A SPECIFIC POLICY # \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

IMPORTANT: This information should be added to the VA Form 10-103, Designation of Beneficiary - Government Life Insurance that was signed on \_\_\_\_\_ Date Signed \_\_\_\_\_

**SECTION I - BENEFICIARY DESIGNATION INFORMATION - PRINCIPAL**

IMPORTANT: The total for all principal beneficiaries cannot exceed 100%.

**FIRST PRINCIPAL BENEFICIARY IDENTIFYING INFORMATION**

TYPE OF BENEFICIARY (check one)

SPOUSE  CHILD  MARRIED  OTHER  LEGAL ENTITY

FIRST NAME (MIDDLE INITIAL, LAST NAME OF PRINCIPAL BENEFICIARY) \_\_\_\_\_

PRINCIPAL BENEFICIARY SOCIAL SECURITY NUMBER \_\_\_\_\_

PRINCIPAL BENEFICIARY DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

PRINCIPAL BENEFICIARY MAILING ADDRESS (Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country)

Name \_\_\_\_\_

Address Number \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP Code/Postal Code \_\_\_\_\_

.....q Yes q No5. In the past seven (7) years, have you filed for bankruptcy? ..... q Yes q No/Provide a separate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions to which you responded "yes." Please be sure to date and sign the written explanations.)New York Producers Only: I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.All Producers: I will retain a copy of any written disclosures of compensation provided to purchasers as required by New York regulation or regulation of any other state.

Set up as: q Individual q Corporation q BothTO BE COMPLETED BY UPLINE AGENT (Recruiter, General Agent or Master General Agent) \_\_\_\_\_ Agent Name (Print or Type) Agent Signature \_\_\_\_\_

Agents Direct Reporting Authority Direct Reporting Authority's Agent IDAgent Role and Level (check only one):q Writing Agent Only-Level \_\_\_\_\_ q Recruiter/Corp Only-Level \_\_\_\_\_ q Both Writing Agent-Level \_\_\_\_\_ and Recruiter/Corp - Level \_\_\_\_\_ FAIR CREDIT REPORTING ACT DISCLOSUREGerber Life Insurance Company will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting and/or appointment as an insurance producer to represent us. We will obtain these consumer Business Information Group, Inc. "Consumer Reports" means written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, which will be used by Gerber Life Insurance Company, in whole or in part, for the purpose of serving as a factor in establishing your eligibility to be appointed as an insurance producer for us.A "Consumer Report" means a credit check, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be contracted and/or For Residents of California, Minnesota and Oklahoma: You have a right to request a copy of the consumer report which will disclose the nature and scope of the report. If you would like to request a copy of the consumer report, please indicate by a YES, please provide me a copy of the consumer report.For Residents of New York: You have a right, upon written request, to be informed of whether or not a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.Gerber Life Insurance Company is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history, obtained through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted.I understand that this consumer report will include information as to my general reputation, personal characteristics and mode I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report records, data and information to Gerber Life Insurance Company.I understand that if contracted and/or appointed, this authorization will remain valid as long as I am contracted and or appointed with Gerber Life Insurance Company.A photocopy of this authorization shall be considered as effective as the original.Puerto Rico Agents Only - Agents First, Middle, First Last Name and Second Last Name \_\_\_\_\_ Agent Name (Print or Type) Agent Signature \_\_\_\_\_

Department of the Treasury Identification Number and CertificationSee Specific Instructions on page 2.1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.2 Business name/disregarded entity name, if different from above3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estateLimited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Note: For a single-member LLC that is disregarded, do not check the appropriate box in the line above for the tax classification of the single-member owner. 4 Exemptions (codes apply only to certain entities, not individuals; see Exempt payee code (if any)Exemption from FATCA reporting(Applies to accounts maintained outside the U.S.)5 Address (number, street, and apt. or suite no.)6 City, state, and ZIP code7 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 generally 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 Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.Employer identification number 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); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.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 Section references are to the Internal Revenue Code unless otherwise noted.Future developments. Information about developments affecting Form W-9 (such as legislation enacted after its release) is at www.irs.gov/w9.An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: Form 1099-INT (interest earned or paid) Form 1099-DIV (dividends, including those from stocks or mutual funds) Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) Form 1099-B (stock or mutual fund sales and certain other transactions) Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property)Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2. By signing the filled-out form, you: 1. Certify that the TIN you are giving is correct (or you are waiting for a number 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, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information. Gerber Life Insurance Company This Agreement is made and entered into between Gerber Life Insurance Company, hereafter referred to as "Company", and \_\_\_\_\_ hereafter referred to as "Agent." In consideration of the following terms and conditions, this Agent Agreement ("the Agreement") is between Company and Agent effective as of the Effective Date stated on the last page of this Agreement; The Company hereby appoints the Agent to represent it subject to the following mutually agreed upon terms and conditions. I. RESPONSIBILITIES OF THE PARTIES A. Licensing. Obtain, maintain and provide copies of all necessary licenses and regulatory approvals to perform the services under this Agreement. B. Solicit Applications. Solicit applications for and/or assist Sub-Agents, if any, in soliciting Company's Products. If the Agent is contracting as an individual, the Agent may solicit applications for Products. C. Service Policyholders. Agent shall provide service to Agent's policyholders and/or assist Sub-Agents in servicing policyholders. If Agent is contracting as an individual, Agent shall provide service to Agent's policyholders. D. Communication (Recruiters only). Recruit Sub-Agents, monitor its Sub-Agents and communicate information to Company, of which it is aware or should be aware, that company needs to know about its Sub-Agents to properly address compliance or other risks. When directed by Company, Agent shall communicate Company information to E. Suitability. Ensure that each proposal or sale of the Company's Products covered by this Agreement which is proposed or made directly by Agent, is appropriate for and suitable to the needs of the insured and the person or entity to whom Agent made the sale, at the time the sale is made, and suitable in accordance with applicable law governing suitability of insurance products. F. Company Policies, Procedures, Processes & Rules. Comply with all policies, practices, procedures, processes, and rules of Company. Agent shall promptly notify Company if Agent or any of its employees is not in substantial compliance with its Company policy, procedure, process or rule. G. Comply with Laws and Regulations. Comply with all applicable laws and regulations and act in an ethical, professional manner in connection with this Agreement, including, with respect to any compensation disclosure obligations and any other obligations it may have governing its relationship with its policyholders. H. Remittance of Monies. Treat any money received or collected for the Company as property held in trust, and promptly remit such money to Company at its administrative office in Fremont, Michigan. Agent shall not commingle any funds received or collected for the Company with its own funds. Agent must report any known violations of this I. Underwriting & Issue Requirements. Comply with the underwriting and issue requirements of the Company as well as any and all applicable legal requirements of the state or states in which the Agent does business. J. Hold Harmless. Hold harmless and indemnify the Company from all losses, expenses, costs and damages resulting from any acts by the Agent which breach the terms of this Agreement. K. In Force Policies. Assist the Company in keeping its insurance policies in force. L. Error & Omissions Insurance. Have and maintain Errors and Omissions liability insurance coverage on Agent and Agent's employees during the term of this Agreement, in an amount and nature, and with such carrier(s) or on a self-insured basis, satisfactory to Company, and to provide evidence of such insurance to Company upon request. M. Document & Money Delivery. Adhere to all Company requirements including those related to policy application, illustration (if any), and delivery of policies and the forwarding of any premium collected once a policy is approved. Agent will also ensure that Sub-Agents, if any, are aware of and adhere to all Company requirements. N. Product Familiarity. Be familiar with all provisions and benefits under each Product offered by the Company for which Agent solicits applications and representing such Product accurately and fairly to prospective purchasers. O. Training. Participate in training to ensure that Agent is familiar with all provisions and benefits under each Product offered by the Company and representing such Products accurately and fairly to prospective purchasers. Agent will train Sub-Agents, if any, so that Sub-Agent is familiar with all provisions and benefits under each product offered by the Company and representing such products accurately and fairly to prospective purchasers. P. Notice of Potential, Threatened or Actual Legal Action. Notify Company within five (5) business days of notice of potential, threatened, or actual litigation or any regulatory inquiry or complaint with respect to this Agreement or any Product. Notice shall comply with the notice provision set forth in section XII of this Agreement. Company shall have final decision making authority to assume the administration and defense of any such action. A copy of the correspondence or document received shall accompany each notice. 1. Agent shall cooperate with the Company in preparing responses to any litigation or regulatory inquiry, as G. "Termination Date" means the later to occur of (a) the date on which Agent or Company sends written notice of termination to the other party, or (b) the date specified by Agent or Company in a written notice of termination to the other party. H. "Vested Compensation" means compensation identified as vested on a Compensation/Product Schedule and that may be paid to Agent after the Termination Date provided: (a) the policy related to the Product remains in force, (b) the premiums for the policy are paid to Company, and (c) if Agent is the writing agent, Agent remains the producer of record. This agreement will have no force or effect unless countersigned below by an authorized Officer of the Company. \_\_\_\_\_ Agent Name (Print or Type) Agent Signature \_\_\_\_\_

Signature of Gerber Life Insurance Company Officer \_\_\_\_\_ This contract shall take effect on \_\_\_\_\_ and subsequent contract years shall begin with the anniversary of this date. Agent Number \_\_\_\_\_

SUSPECTED FINANCIAL EXPLOITATION REFERRAL FORM Name of Elderly or Disabled Adult: DETAILS: Please list the reasons why this case should be investigated for possible Financial Exploitation below. Please include the names of all other persons involved, including the suspected exploiter and any individuals who can confirm information in this report. Please list the relationship of the suspected exploiter to the suspected victim. Other pertinent information, if any: This section to be completed by the referring Agent or Associate: Work Address and Telephone Number SEND FORM TO COMPLIANCE - SIU glic-compliance@us.nestle.com

COMPLIANCE POLICY STATEMENT OF UNDERSTANDING I acknowledge receipt of the Gerber Life Insurance Company Agent Compliance Manual. I acknowledge that I have read and understand the contents of the Compliance Manual and further understand that if I, as the Master General Agent or its sub-agents, General Agent or its sub-agents, or as an agent, do not fully comply with the Compliance Manual's requirements, it will be deemed a breach of my contract and may result in, without limitation, the termination of my contract with Gerber Life Insurance Company. (1) I understand and acknowledge the need for strict compliance with all applicable federal and state laws and regulations regarding the solicitation, negotiation and sale of insurance by myself and/or my sub-(2) Note: This section only applies to vendors performing telemarketing activities. I understand that Gerber Life requires strict adherence to federal and state telemarketing rules and I and/or my sub-agents, if any, are to comply with the Gerber Life's Telemarketing Compliance Monitoring Program. My signature below certifies the following: completion of the Do Not Call training, required Do Not Call record retention and that all applicable telemarketing registrations are current and in compliance with the Vendor Guidelines. Do Not Call training shall be reviewed within 90 days of the date of initial contracting with Gerber Life and annually thereafter to all sub-agents. (3) I certify that I and/or my sub-agents, if any, will remain in compliance with Gerber Life's Compliance Training Program requirements, which includes Anti-Money Laundering and other training requirements. I agree that it is my responsibility to take Anti-Money Laundering training and/or provide Anti-Money Laundering training to my sub-agents, if any, within 90 days of the date of initial contracting with Gerber Life, unless taken directly through another represented insurance company or a competent third party, within the past twelve months and annually thereafter. In addition, when requested, I agree to provide Gerber Life evidence of completion of the required training by myself and/or my sub-agents, if any. (4) It is my responsibility to ensure that I and/or my sub-agents, if any, are aware of, and abide by, the laws and regulations in their state of licensure dealing with the use of professional certifications and designations, particularly when used with seniors. (5) Agent signatures are ONLY required at initial contract and thereafter will be signed by the agent's General Agent. It is my responsibility to read and comply with the Agent Compliance Manual and all updates even though the General Agent will be signing this Statement of Understanding annually on my behalf, if applicable. (6) I certify that I and/or my sub-agents, if any, will comply with New York Regulation 194 Producer Agency Name Email Address PLEASE RETURN A SIGNED COPY OF THIS DOCUMENT: Fax: 877-608-4634 Mail: 445 State Street, Fremont, MI 49412 Attn: New Business Health Insurance Claim Call our dedicated health claim phone line at 1-866-846-9993 for health claim forms. Hours of operation: Monday through Friday 8 a.m. to 5 p.m. ET Send completed health claim forms UB92 and HFCA1500 (available from treating physicians and medical facilities) to: Gerber Life Insurance Company Administrator's Office PO Box 25326 Overland Park, KS 66225-5326