



## UnitedHealthOne/Golden Rule Transfer Paperwork

Please follow the instructions below to transfer an active appointment with UnitedHealthOne/Golden Rule to GoHealth.

**Please note: Agents who have written business in the last six months will need a written letter of release from the current Key Broker – no exceptions.**

Please review and complete the forms carefully. Incomplete or illegible forms will be returned. Transfers generally take 7-10 days for processing.

All forms can be scanned and sent to [agencyervices@gohealth.com](mailto:agencyervices@gohealth.com) or faxed to 312-948-2621.

Please make sure that the Agent's commission level (the code, not the percentage) is indicated in the e-mail or fax cover sheet.

Check	Form	Instructions
	Assignment of Commissions	All commissions/compensation for new business MUST be assigned to GoHealth. Do not change or edit the form.  Agent must sign as "Assignor" at the bottom of the page and provide Social Security Number.
	Sub-Broker Contract Change Request/Assignment Form	Complete information required of "Sub-Broker" and sign.
	Independent Broker's Contract Signature Page	Please sign and indicate beneficiary designation.

## ASSIGNMENT OF COMMISSIONS AND OTHER MONETARY COMPENSATION

To: Golden Rule Insurance Company and/or American Medical Security Life Insurance Company and/or PacifiCare Health Plan Administrators, Inc., and/or United Healthcare Insurance Company, and/or any affiliated company (collectively, "the Company").

If and when the Company owes me compensation because I have sold or secured the sale of insurance products of the Company or for any other reason, I (the undersigned "Assignor") do not wish to receive that compensation, but instead assign it to, and direct the Company to pay it to, the person or entity I have written below as Assignee per my applicability instructions below:

<b>GOHEALTH</b>		<b>263235175</b>		
Assignee Name (person/entity to be paid)		Social Security/tax ID Number		
<b>214 W HURON ST</b>	<b>CHICAGO</b>	<b>IL</b>	<b>60654</b>	
Street	City	State	ZIP	Phone

This Assignment applies to (select and complete **option 1 OR 2** below):

1.  **All monetary compensation including commissions, monetary bonuses, monetary incentives/prizes.**  
(in addition, check one box below)
- all monetary compensation attributable to my business written **after** the date this form is processed by the Company
- OR
- all monetary compensation for all business issued, including any business issued prior to this date (only allowed if no prior Assignment has been submitted by the Assignor to the Company)
2.  **Commissions only (monetary bonuses and monetary incentives/prizes will be paid directly to you)**  
(in addition, check one box below)
- all commissions attributable to my business written **after** the date this form is processed by the Company
- OR
- all first year and renewal commissions for all business issued, including any business issued prior to this date (only allowed if no prior Assignment has been submitted by the Assignor to the Company)

I understand and agree that:

1. Payments made by the Company pursuant to this Assignment fully discharge all of the Company's financial obligations to me under any compensation arrangement between us.
2. This Assignment is subject to, and does not affect, any terms or conditions of any such compensation arrangements except as specifically provided herein.
3. This Assignment is subject to applicable state and federal laws regarding assignment of commissions by insurance producers (by whatever name called). The Company will not be bound by this Assignment in any instance in which it believes applicable law prevents it from paying the Assignee, and it then may pay the person or entity that it, in its sole discretion, determines to be appropriate under the circumstances.
4. This Assignment shall remain in effect, and is binding on both myself and the Company, until revoked. I may revoke this Assignment by sending written notice to the Company. Such revocation will only apply to business written after the effective date of the revocation, and this Assignment will remain in effect for business written for the Company prior to that date. Revocation will be effective on the later of the date I request, or not later than thirty (30) days after the Company's receipt of the notice.
5. This Assignment does not apply to non-monetary incentives/prizes (e.g. merchandise, trips, non-cash incentives, awards, contest results, or any other non-cash remuneration).
6. Assignor understands the Assignee may enter into a Commission Advance Agreement ("Advance Agreement") with the Company. The Advance Agreement entitles the Assignee to receive an advance on the payment of compensation for business issued by the Company after the effective date of the Advance Agreement. Assignor understands and acknowledges that the Company, as a condition to agreeing to the Advance Agreement, requires the Assignee to obtain Assignments from all sub-brokers, including the Assignor. Assignor further agrees that commissions attributable to any business written by the Assignor that are advanced to the Assignee under their Advance Agreement are hereby assigned to the Assignor, even if the business was written prior to the date of this Assignment.

\_\_\_\_\_  
Assignor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Assignor Printed Name  
37835-G-0311

\_\_\_\_\_  
Social Security/ Tax ID Number

## SUB-BROKER CONTRACT CHANGE REQUEST/ASSIGNMENT FORM

Subject to acceptance by UnitedHealthOne, or any of its affiliates, please change my existing contract with UnitedHealthOne to show I am a sub-broker under the Key Broker contract between

GOHEALTH and UnitedHealthOne.

Key Broker

- Pay Commissions directly to me, and the override to the Key Broker.
- Pay Commissions to agency tax id # \_\_\_\_\_ and the override to the Key Broker.
- Pay Commissions directly to the Key Broker.

**Agreed and accepted:**

**Must be completed by the Sub-Broker**

<b>Sub-Broker:</b> _____		
<input checked="" type="checkbox"/> Sub-Broker Signature		
Printed Name		
Producer Number		
Date		
Address		
City	St	Zip

**Must be completed by the Key Broker/Principal**

<b>Key Broker:</b> <b>GOHEALTH</b>		
<b>By:</b> _____		
<input checked="" type="checkbox"/> Authorized Signatory of Agency		
Printed Name		
<b>263235175</b>	<b>AA1075586</b>	
Tax ID Number	Agency Code	
Date		
<b>214 W HURON ST</b>		
Address		
<b>CHICAGO</b>	<b>IL</b>	<b>60654</b>
City	St	Zip
Do you authorize this Sub-Broker to be advanced?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Accepted by UnitedHealthOne:**

\_\_\_\_\_  
Key Broker Account Manager

\_\_\_\_\_  
Date

**Effective Date:** \_\_\_\_\_

**Brokers that have written 3 or more individual health applications with UnitedHealthOne in the last 6 months are not eligible to transfer.**

**Brokers who are appointed under a Key Broker must have 0 production in the past 6 months or must obtain a written release from their current Key Broker**

GOLDEN RULE USE ONLY			
KB Status	KB # of Subs	KB # of Subs Allowed	KB Past 12mth Prod
Broker past 6mth Prod	Current Agency Code	Release Required Y/N	

**Sign and Return this Page to Golden Rule**

**INDEPENDENT BROKER'S CONTRACT  
SIGNATURE PAGE**

I acknowledge and agree that:

- (a) I have received a copy of the Independent Broker's Contract Form (IBC-0410), consisting of this page and four (4) other pages, as well as the Rules and Regulations (Rules-0410), which are fully incorporated by reference and made a part of the *Contract*;
- (b) I have read, understood, and agreed to each and every term of this *Contract*; and
- (c) This *Contract* will not be in effect until such time as the *Company* has countersigned this Signature Page and attached the appropriate *Commission Schedule(s)*.

**YOU:**

Print or type *Your Name*

**By:**

Print Name (and title if signing in a representative capacity)

X

Signature

Date

**BENEFICIARY DESIGNATIONS** (See 3.9): Name                      Address                      Relationship  
Primary Beneficiary(ies):

\_\_\_\_\_

Contingent Beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FOR HOME OFFICE USE ONLY  
EXECUTED ON BEHALF OF GOLDEN RULE INSURANCE COMPANY**

**BY:**

Name

X

Signature

Date

This agreement shall take effect as of \_\_\_\_\_ Producer No. \_\_\_\_\_

**IBC-0410**