



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 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.

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

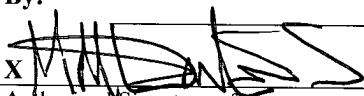
- Pay Commissions directly to me, and the override to the Key Broker.
- Pay Commissions to agency tax id # _____ and the override to the Key Broker.
- Pay Commissions directly to the Key Broker.

Agreed and accepted:

Must be completed by the Sub-Broker

Sub-Broker: _____	
X	
Sub-Broker Signature	
Printed Name	
Producer Number	
Date	
Address	
City	St Zip
Phone	Email

Must be completed by the Key Broker/Principal

Key Broker: GoHealth	
By: _____	
X 	
Authorized Signatory of Agency	
Michael K. Owens	
Printed Name	
26-3235175	AA1075586
Tax ID Number	Agency Code
Date	
214 West Huron Street	
Address	
Chicago	Illinois 60654
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	

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:

GoHealth

26-3235175

Assignee Name (person/entity to be paid)		Social Security/tax ID Number		
214 West Huron Street	Chicago	Illinois	60654	
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

Social Security/ Tax ID Number

37835-G-0311

022310

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):

**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. _____