



Thank you for choosing Group Benefits, Ltd. Enclosed in this packet you will find the affiliation contracting paperwork for GBL. Please take a moment to review the agreement and complete the required forms. Once the forms are completed, you can return them to me by fax or email.

If you have any questions about the enclosed documents, please contact me at 515-453-8207/800-640-7382 ext. 433 or by email, [cwagner@grpbenltd.com](mailto:cwagner@grpbenltd.com)

**Need alternatives?** Let us know if you are interested in selling other carrier products. We can appoint you to sell any of the following:

**Individual and Family Health:**

- Celtic
- Coventry
- Golden Rule (UHC)
- Hip-Iowa
- HumanaOne
- Time (Assurant/Fortis)
- Wellmark BCBS

**Group Health:**

- Aetna
- Assurant
- Coventry
- Health Alliance
- Humana
- Mutual of Omaha
- United Healthcare
- Wellmark BCBS

**Medicare Supplement:**

- AARP
- American Republic
- Gerber
- Mutual of Omaha/United of Omaha
- United Commercial Travelers
- Wellmark BCBS

**Medicare Part D and Medicare Advantage:**

- AARP
- Coventry/Advantra
- Humana
- Medicare Blue PPO/Blue Rx
- Unicare

**Voluntary Products:**

- Dental, Vision, Life, Disability, Annuities
- Pre-paid Legal, Identity Theft, Travel

Again, thank you for placing your trust in GBL. We look forward to a prosperous business partnership with you!

Sincerely,

**Cyndi Wagner**  
Group Benefits, Ltd.  
12006 Ridgemont Drive  
Urbandale, IA 50323

Phone: 515-453-8207/800-640-7382 ext. 433  
Fax: 515-222-5342  
[cwagner@grpbenltd.com](mailto:cwagner@grpbenltd.com)  
[www.groupbenefitsltd.com](http://www.groupbenefitsltd.com)

# Group Benefits, Ltd

## AFFILIATION AGREEMENT

*(The Application and Contract must be completed in their entirety and submitted with a current copy of the state license, W-9, Errors and Omissions certificate, and Direct Deposit Authorization Agreement prior to the release of commission payments.)*

### APPLICATION

#### I. PERSONAL

Full name as appears on state license \_\_\_\_\_

Social Security Number as shown on attached W-9 \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Zip \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Zip \_\_\_\_\_

Preferred Mailing Address  Business  Home

Business Telephone \_\_\_\_\_

Business Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Corporate/ Agency Name \_\_\_\_\_

#### II. COMMISSION

Are commissions earned under this agreement to be paid to a corporation?  Yes  No

**(If applicant answers "yes", an Agent Assignment of Commission Form must be included with this Application.)**

Employer's Tax ID Number as shown on attached W-9 \_\_\_\_\_

**(Officer must also complete a W-9 if commission is to be paid to the agency or corporation)**

State(s) where currently licensed: Resident \_\_\_\_\_ Non-resident \_\_\_\_\_

#### III. BACKGROUND

Have you ever plead guilty or no contest to, or been convicted of, any felony or misdemeanor (other than a minor traffic offense), or are there any criminal charges pending against you?  Yes  No

Have you ever been the subject of disciplinary sanctions, reprimand, fine, assessment, consent order, license suspension, or license revocation for any insurance or securities activities?  Yes  No

Are you now involved in a complaint or investigation by an insurance or securities department?  Yes  No

*(If answering "yes" to any of the first three questions, please provide written explanation for review)*

Are you currently covered by Errors and Omissions insurance? (Copy attached)  Yes  No

***By signing this form, I certify that all information on this document is true and accurate and if determined as false, I can be terminated immediately. Such termination shall be deemed as a self initiated termination.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CONTRACT

Group Benefits, LTD (hereinafter called GBL, Company, "we", or "us"), and \_\_\_\_\_, (hereinafter collectively called Affiliate, "you" or "yourself"), mutually agree to the terms and provisions of the following Agreement. This agreement shall be effective on the date specified by GBL on the last page of this agreement and shall continue in force until terminated in accordance with the terms and conditions of Section 6.

**1. DESCRIPTION OF SERVICES.** GBL will provide two levels of service based on the degree of assistance the AFFILIATE requires on a case by case basis.

**A. Level 1 Services:** GBL will secure quotes from companies GBL represents on census information provided by the Affiliate. GBL will provide Affiliate with service and administration as it relates to processing applications, answering administrative questions and follow-ups with the selected carrier.

**B. Level 2 Services:** GBL will secure quotes from companies GBL represents on census information provided by either the Affiliate or GBL's sales specialist assigned to Affiliate. GBL will provide service and administration on the accounts sold by either the Affiliate or GBL's sales specialist assigned to Affiliate. A GBL sales specialist will be present on one or more of the sales and/or enrollment interviews. Compensation on sold business will be split with the GBL sales specialist.

**2. COMPENSATION.** All commissions on business generated in respect to Section 1 of this Agreement by or on behalf of Affiliate must be paid to GBL. GBL agrees to pay to the Affiliate an amount equal to a specific percentage of the commission as disclosed on the Commission Schedule which is made part of this contract. These commission payments will be issued monthly for commissions generated in the preceding month subject to the following:

- A. The premium attributable to the subject month has been paid in full;
- B. Appropriate GBL contracting has been completed;
- C. A copy of Affiliate's state insurance license is current and on file with GBL;
- D. A copy of Affiliate's unexpired errors and omissions' insurance certificate providing coverage of no less than \$1,000,000 and remains on file with GBL;
- E. Amount of commission payable to the Affiliate is equal to or greater than \$50.00.  
Any amount less than \$50.00 will be held until such time as the accumulated total of commission payable is equal to or greater than \$50.00, but will nevertheless be paid prior to calendar year end;
- F. Affiliate is in material compliance with the terms of this Agreement at the time the commission payment is otherwise due and payable.

A printed copy of the current Commission Schedule will be provided to the Affiliate upon completion of required contracting, licensing and appointment forms. GBL reserves the right to amend this Agreement including the commission schedule and amendments required by law on both new and renewal business but will provide written notice of any such amendments to Affiliate by first class mail no less than 30 days in advance of the effective date of such change.

**3. RELATIONSHIP OF PARTIES.** The parties understand that GBL and the Affiliate are both independent contractors. Nothing in this Agreement shall create, or shall be construed to create, the relationship of an employer and employee between GBL and you, the Affiliate.

**4. LIABILITY.** In carrying out the terms of this Agreement, Affiliate is responsible for the acts and omissions of any subcontractor, agent, person or entity under Affiliate's control. (Any and all premiums or other funds payable to GBL are due immediately upon receipt by Affiliate or upon demand by GBL, whichever shall first occur.)

**5. HIPAA/PHI PRIVACY and SECURITY PROVISIONS.** GBL and Affiliate are committed to complying with the requirements of Subtitle F of Title II of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Parts 160-164). Now, therefore, GBL and Affiliate agree as follows:

A. Definitions. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Standards for Privacy of Individually Identifiable Information (the "Privacy Rule") at 45 CFR Part 160 and Part 164, Subparts A and E.

1) Protected Health Information. ("PHI") "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 164.501, limited to the information created or received by Affiliate from or on behalf of GBL.

2) Standard Transactions. "Standard Transaction" shall mean a transaction that complies with the applicable HIPAA standard as found in Part II, 45 C.F.R. § 160.103.

3) Disclose or Disclosure. "Disclose" or "Disclosure" shall mean, with respect to PHI, the release, transfer, provision of access to, or divulging in any other manner of PHI outside Affiliate's internal operations.

4) Use or Uses. "Use" or "Uses" shall mean, with respect to PHI, the sharing, employment, application, utilization, examination or analysis of such information within Affiliate's internal operations.

B. Obligations and Activities of Affiliate

1) Permitted Uses and Disclosures. Affiliate, except as otherwise limited in this agreement:

a. may Use or Disclose PHI to perform functions, activities, or services for or on behalf of GBL under this Agreement, provided that such Use or Disclosure would not violate the privacy rules established by GBL.

b. may, as necessary for the proper management and administration of its business or to carry out Affiliate's legal responsibilities:

i. Use PHI; and

ii. Disclose PHI if 1) the Disclosure is required by law, or 2) Affiliate obtains reasonable assurance in writing from the person to whom the information is Disclosed that the PHI 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 agrees to notify Affiliate of any instances of which the person is aware in which the confidentiality of the PHI has been breached.

2) Prohibition on Unauthorized Use or Disclosure. Affiliate agrees not to Use or Disclose PHI other than permitted or required by the Agreement or as Required by Law.

3) Information Safeguards. Affiliate agrees to implement, utilize, and maintain appropriate safeguards to prevent Use or Disclosure of the PHI other than as provided for by this Agreement. Affiliate agrees to document and keep these safeguards current.

4) Mitigation of Harmful Effects: Affiliate agrees to mitigate, to the extent practicable, any harmful effect that is known to Affiliate of a Use or Disclosure of PHI by Affiliate in violation of the requirements of this Agreement.

5) Use of Subcontractors and Agents. Affiliate agrees to require that each subcontractor or agent that creates, or receives PHI from Affiliate on behalf of GBL, execute a written agreement obligating the subcontractor or agent to comply with the terms of this Agreement.

6) Reporting Non-Permitted Use or Disclosure: Affiliate agrees to report to GBL any Use or Disclosure made by Affiliate, Affiliate's agent, or Affiliate's subcontractors that is not specifically permitted by this Agreement. The initial report shall be made by telephone call to GBL within forty-eight (48) hours from the time Affiliate becomes aware of actual or apparent non-permitted Use or Disclosure, followed by a full written report to GBL no later than ten (10) business days from the date Affiliate becomes aware of non-permitted Use or Disclosure. Affiliate's report will at least;

a. identify the nature of the non-permitted or violating Use or disclosure;

b. identify the PHI Used or Disclosed;

c. identify who made the non-permitted or violating Use or disclosure and who received the non-permitted or violating disclosure;

d. identify what corrective action Affiliate took or will take to prevent further non-permitted or violating Uses or disclosures;

- e. identify what Affiliate did or will do to mitigate any deleterious effect of the non-permitted or violating Uses or disclosures; and
  - f. Provide such other information, including a written report as GBL may reasonably request.
- 7) Compliance with Standard Transactions If Affiliate conducts all or part of a transaction on behalf of GBL, Affiliate will comply, and will require any subcontractor or agent involved with the conduct of such Standard Transactions to comply, with each applicable requirement of 45 C.F.R. Part 162. In compliance with 45 C.F.R. § 162.915, Affiliate will not enter into, or permit any subcontractor or agent to enter into any agreement in connection with the conduct of Standard Transactions for or on behalf of GBL that:
- a. changes the definition, data condition, or use of a data element or segment in a Standard Transaction;
  - b. adds any data elements or segments to the maximum defined data set;
  - c. uses any code or data elements that are either marked "not used" in the Standard Transactions implementation specification or are not in the standard's implementation specifications(s); or
  - d. changes the meaning or intent of the standard's implementation specifications, as these terms are defined in 45 C.F.R. Part 162.
- 8) PHI Access, Amendment, and Disclosure Accounting
- a. Access. Affiliate will, at the request of GBL make available within ten (10) business days, to GBL, or at the direction of GBL, to the individual, for the inspection and to make copies, any PHI about the individual which Affiliate created or received for or from GBL and that is in the custody or control of the Affiliate as required by 45 C.F.R. § 164.524.
  - b. Amendment. Affiliate will, at the request of GBL, make available PHI for amendment or permit GBL access to amend any portion of the PHI which Affiliate created or received for or from GBL, as required by 45 C.F.R. § 164.526.
  - c. Disclosure Accounting. As required by 45 C.F.R. § 164.528, for disclosures made on or after April 14, 2003, the following terms shall apply:
    - i. Disclosure Tracking. Affiliate will record for each disclosure of PHI, not excepted from disclosure accounting below, that Affiliate makes to a third party, (1) the disclosure date, (2) the name and (if known) address of the person or entity to whom Contractor made the disclosure, (3) a brief description of the PHI Disclosed, and (4) a brief statement of the purpose of the disclosure (items 1-4, collectively, the "Disclosure Information"). For the repetitive disclosures Contractor makes to the same person or entity for a single purpose, Contractor will provide (1) the Disclosure Information for the first of these repetitive disclosures (2) the frequency or number of these repetitive disclosures and (3) the date of the last of these repetitive disclosures. Affiliate will make disclosure-tracking information available to GBL within ten (10) business days from the date GBL made the request.
    - ii. Exceptions from Disclosure Tracking. Affiliate need not record disclosure tracking information or otherwise account for disclosures of PHI that GBL in writing permits or requires (1) for the purpose of GBL's treatment activities, payment activities, or health care operations, (2) to the individual which is the subject of the PHI Disclosed, (3) which are incidental to a Use or disclosure otherwise permitted or required, (4) pursuant to an authorization, (5) to persons involved in that individual's care or other notification purposes, (6) for national security or intelligence purposes, (7) to correctional institutions or law enforcement officials, or (8) as part of a limited data set.
    - iii. Disclosure Tracking Time Periods. Affiliate will make available to GBL an accounting of disclosures of PHI for the six (6) years prior to the date on which GBL requested the accounting. Affiliate is not required to produce disclosure information occurring before April 14, 2003.
- 9) Inspection of Books and Records. Affiliate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the Use and disclosure of Protected Health Information received from, or created or received by Affiliate on behalf of, GBL available to GBL and to the U.S. Department of Health and Human Services to determine compliance with 45 C.F.R. Part 164.

10) Amendments to Conform to Law and Regulations. This Section 5 shall be subject to amendment to conform with changes in applicable law or regulations upon thirty (30) days advance submission from GBL to Affiliate. Affiliate may terminate this Agreement at any time prior to the effective date of the proposed amendment on written notice to GBL.

**6. TERMINATION.**

- A. This Agreement may be terminated by either party upon ten (10) days written notice to the other party.
  - B. This Agreement shall automatically terminate in the event of (1) Affiliate's death; (2) dissolution or sale of all of the assets of Affiliate or the transfer of majority control in Affiliate; (3) Affiliate's failure to comply with any applicable laws, rules or regulations of any federal, state, or other governmental agency or body; (4) failure to pay any indebtedness or amounts owing to GBL when due; (5) failure to meet minimum production requirements as set forth from time to time; (6) failure to comply with GBL service rules or requirements, or (7) breach of any provision of HIPAA regulations and/or provisions found in this Agreement.
  - C. Upon termination, cancellation, expiration or other conclusion of this Agreement, the Affiliate will, if feasible, return to GBL or otherwise destroy all Protected Health Information that Affiliate created for or received for or from GBL. The information Affiliate will return or destroy includes all Protected Health Information in whatever form or medium (including electronic medium), and all copies of and any data or compilations derived from such information that allow identification of any individual who is a subject of the information. Affiliate will complete such return or destruction as promptly as possible, but not later than 30 days after the effective date of the termination, cancellation, expiration or other conclusion of the Agreement. Affiliate will identify any Protected Health Information that Affiliate created or received for or from GBL that cannot feasibly be returned to GBL or destroyed, and will limit its further use or disclosure of that information to those purposes that make return or destruction of that information infeasible. Within 30 days after the termination, cancellation, expiration or other conclusion of the Agreement, Affiliate will certify under oath in writing to GBL that such return or destruction has been completed. Affiliate will identify in its certification any Protected Health Information for which return or destruction is not feasible and, for that Protected Health Information, Affiliate will further certify that it will only use or disclose such Protected Health Information for those purposes that make return or destruction infeasible.
  - D. Affiliate's obligation to protect the privacy of the Protected Health Information it created or received for or from GBL will be continuous and survive termination, cancellation, expiration or other conclusion of this Agreement.
7. **INDEMNITY.** Affiliate will indemnify and hold harmless GBL and/or any GBL officer, director, employee or agent from and against any claim, cause of action, liability, damage, cost or expense, including attorney's fees and court or proceeding costs, arising out of or in connection with any non-permitted or violating use or disclosure of Protected Health Information or other breach of this Agreement, including but not limited to the liabilities imposed by Section 4, by Affiliate or any subcontractor, agent, person or entity under the Affiliate's control.
- a) Right to Tender or Undertake Defense. If GBL is named a party in any judicial, administrative or other proceeding arising out of or in connection with any non-permitted or violating use or disclosure of Protected Health Information or other breach of this Agreement by Affiliate or any subcontractor, agent, person or entity under Affiliate's control, GBL will have the option at any time either (1) to tender its defense to Affiliate, in which case Affiliate will provide qualified attorneys, consultants, and other appropriate professionals to represent GBL's interests at Affiliate's expense, or (2) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case Affiliate will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants, and other professionals.
  - b) Right to Control Resolution. GBL will have the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of actions, liabilities or damages against it, notwith-

standing that GBL may have tendered its defense to Affiliate. Any such resolution will not relieve Affiliate of its obligation to indemnify GBL under this Section 7.

**8. COMMISSIONS FOLLOWING TERMINATION:** GBL agrees to pay no more than the commission rate indicated on the Commission Schedule to the former Affiliate. GBL also reserves the right to prospectively amend or change said commission rate on any new or renewal commission and further agrees to provide written notice of said change by mail in advance of said change. No further commission, new or renewal, will be paid to an Affiliate terminated for any reason indicated in Section 6, paragraph b. of this Contract.

**9. ENTIRE AGREEMENT.** This Agreement contains the entire agreement of the parties and supersedes any prior Affiliation Agreement between the parties. There are no other promises or conditions in any other agreement whether oral or written pertaining to the subject matter of this Agreement.

**10. SEVERABILITY.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

This agreement between Group Benefits Ltd. and the undersigned Affiliate shall be effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affiliate \_\_\_\_\_  
(SIGNATURE)

Affiliate \_\_\_\_\_  
(PLEASE PRINT)


Name of Agency IF different than Affiliate \_\_\_\_\_

(COMMISSION PAYABLE TO THE AGENCY NAMED ABOVE REQUIRES SIGNATURE OF A CORPORATE OFFICER IN SPACE BELOW)

By: \_\_\_\_\_  
Corporate Officer

Date: \_\_\_\_\_

GROUP BENEFITS, LTD.

By:   
Brian S. Hewitt, President  
GROUP BENEFITS, LTD.

Date: \_\_\_\_\_

**AGENT ASSIGNMENT OF COMMISSIONS**  
**(Addendum to Group Benefits, Ltd. Affiliation Agreement)**

I assign my commissions, both 1<sup>st</sup> year and renewal, to the stated assignees in the following manner: (please check one)

- Business written from this date forward
- All business written

It is agreed and understood that this agreement does not affect the right of Group Benefits, Ltd. to deduct the amount owed, if any, to the company by the assignor.

This agreement will continue in force until rescinded in writing by me and accepted by said assignee, except that no acceptance by the assignee is required if I rescind this assignment only as to commissions earned on business written after the date of the rescission.

ASSIGNOR: \_\_\_\_\_  
(print or type agent's name)  
\_\_\_\_\_  
(social security number)

ASSIGNEE: Name \_\_\_\_\_  
Address \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)  
Tax Identification Number \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Assignor \_\_\_\_\_  
(signature)

Assignee \_\_\_\_\_  
(signature)

**Direct Deposit  
Authorization Agreement for Commissions**

I hereby authorize Group Benefits, Ltd. to initiate credits for commissions due to agent or agency bank account. This will also grant us permission to post a debit to your bank account for agents or agencies that have a negative account balance with our agency. In accepting this agreement, you have agreed that the financial institution named below to also credit and debit the same entries to such account. I further understand that I assume responsibility for any service charges or fees imposed by my financial institution for EFT transactions.

**Please print:**

Name \_\_\_\_\_

Social Security or Tax Identification Number \_\_\_\_\_

E-mail address \_\_\_\_\_

(Please note this e-mail address will be used to e-mail commission statements to our agents. If you are an agency, please provide one e-mail address to send the commission statements for the agency too.)

Name as it appears on bank account \_\_\_\_\_

Financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ABA routing no \_\_\_\_\_ Account no \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Checking  Savings  New Request  Information Change

Group Benefits, Ltd. initiates the transfer of funds on the thirteenth of every month to ensure that commissions will be in your bank account on the fifteenth of every month. If the fifteenth falls on a weekend, then commissions will be paid on the following Monday. Please check with your financial institution for their specific processing times and to verify the ABA routing number that appears on your check is the same number to use for electronic funds transfers (EFT). Changes to your banking information must be reported to the Commissions department, to avoid returned funds.

Return completed form and a voided check to:

**Group Benefits, Ltd.  
Attn: Valerie Mills  
12006 Ridgemont Drive  
Urbandale, IA 50323  
Fax # 515.222.5342**



## 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	
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"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
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. 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.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### 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. person (including a U.S. resident alien).

**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 ▶

### 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.

**U.S. person.** 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.

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 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 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.



# Group Benefits, Ltd Agent Portal Agency Authorization

This form is required if assigning commissions to an agency/corporation.

Individual(s) authorized to view commission statements for **all agents** with the following agency:

\_\_\_\_\_  
Agency Name

User 1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

(Optional)

User 2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Printed Name of Corporate Officer

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

