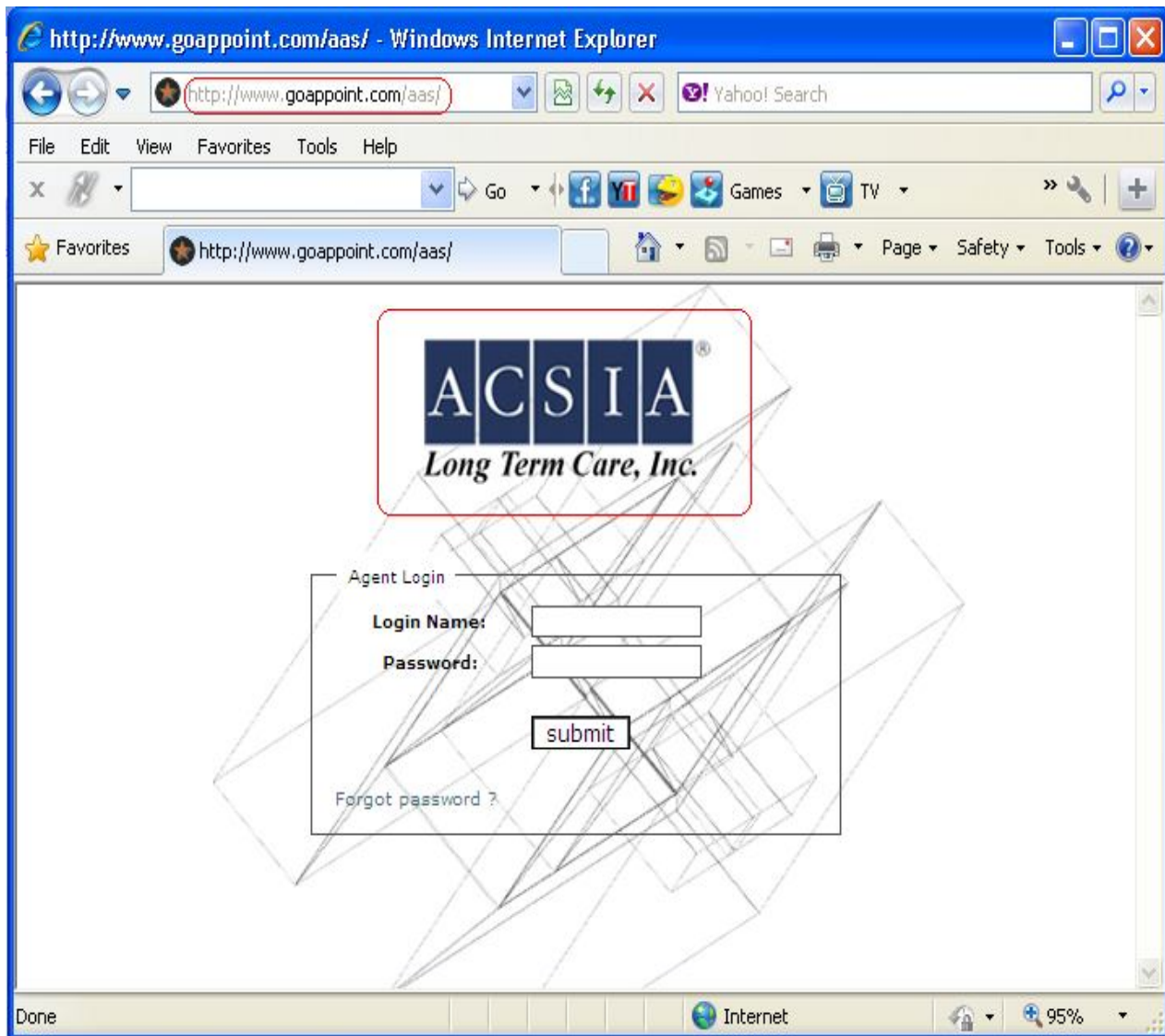


For completion of the ACSIA/LTC Global online appointment paperwork, please use the follow the steps:

1. Go to the website <http://www.goappoint.com/aas/>  
This will take **ACSIA'S** log-in screen



2. To REGISTER use the following as your Temporary log-in information:

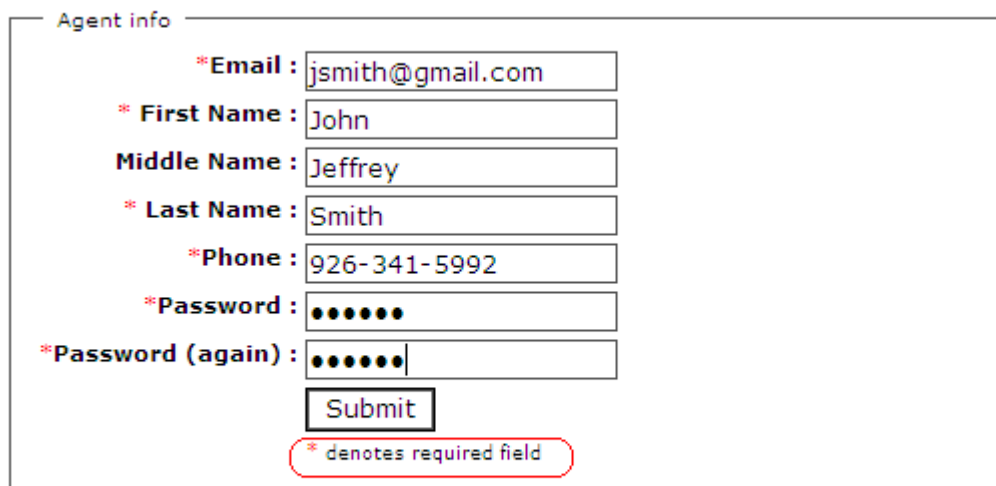
Login Name: agent  
Password: licensing



The image shows the ACSIA Long Term Care, Inc. logo at the top. Below it is a form titled "Agent Login". The form contains two input fields: "Login Name:" with the value "agent" and "Password:" with a masked password of seven dots. A blue arrow points to the password field. Below the password field is a "submit" button. At the bottom left of the form is a link that says "Forgot password ?".

3. Click on **SUBMIT** button, you will be re-directed to a screen where you will now enter registration information and create your own password. There are no special requirements for the password.


**Create your own account...**



The image shows a form titled "Agent info". It contains several input fields, each preceded by an asterisk indicating it is a required field. The fields are: "Email:" with the value "jsmith@gmail.com", "First Name:" with the value "John", "Middle Name:" with the value "Jeffrey", "Last Name:" with the value "Smith", "Phone:" with the value "926-341-5992", "Password:" with a masked password of seven dots, and "Password (again):" with a masked password of seven dots. Below the password fields is a "Submit" button. At the bottom of the form is a note in a red-bordered box that says "\* denotes required field".

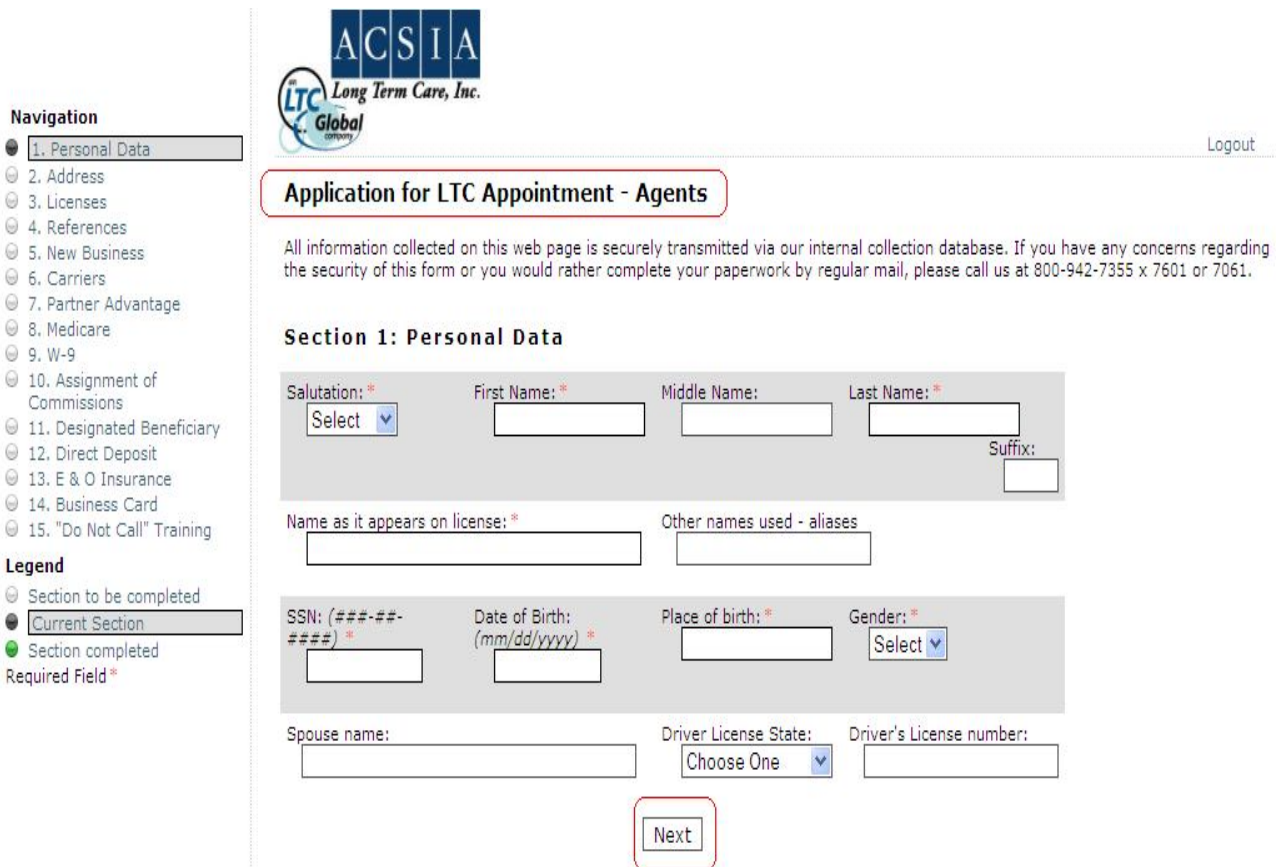
**... and future sign-ons should be done using this email as userid and the above defined password.**

4. When you have finished entering your registration information, click submit and you will be directed to a screen that asks you to "Please log-in again". **For future reference, your log-in name will be your e-mail address and your password will be whatever you create.**



The image shows the ACSIA Long Term Care, Inc. Agent Login screen. At the top is the ACSIA logo with the tagline "Long Term Care, Inc.". Below the logo is the "Agent Login" section. It contains two input fields: "Login Name:" and "Password:". Below these fields is a "submit" button. At the bottom of the login section is a link that says "Forgot password?". Below the login section is a yellow box with the text: "Please log-in again with previously defined userid and password!".

5. Once you have successfully logged in it will show the page for Application for LTC Appointment – Agent, you may now start filling out each section. Please make sure to click on next to move onto the next Section to save the information you entered.



The image shows the ACSIA Long Term Care, Inc. Application for LTC Appointment - Agents screen. On the left is a "Navigation" menu with 15 items: 1. Personal Data, 2. Address, 3. Licenses, 4. References, 5. New Business, 6. Carriers, 7. Partner Advantage, 8. Medicare, 9. W-9, 10. Assignment of Commissions, 11. Designated Beneficiary, 12. Direct Deposit, 13. E & O Insurance, 14. Business Card, 15. "Do Not Call" Training. Below the navigation menu is a "Legend" section with three items: "Section to be completed" (represented by a circle with a dot), "Current Section" (represented by a circle with a dot), and "Section completed" (represented by a green circle). Below the legend is a "Required Field" icon. On the right is the main content area. At the top is the ACSIA logo with the tagline "Long Term Care, Inc.". Below the logo is the "Application for LTC Appointment - Agents" section. It contains a disclaimer: "All information collected on this web page is securely transmitted via our internal collection database. If you have any concerns regarding the security of this form or you would rather complete your paperwork by regular mail, please call us at 800-942-7355 x 7601 or 7061." Below the disclaimer is the "Section 1: Personal Data" section. It contains several input fields: "Salutation:" (a dropdown menu with "Select" as the current value), "First Name:", "Middle Name:", "Last Name:", and "Suffix:". Below these fields is a "Name as it appears on license:" field and an "Other names used - aliases" field. Below these fields is a "SSN: (###-##-####)" field, a "Date of Birth: (mm/dd/yyyy)" field, a "Place of birth:" field, and a "Gender:" dropdown menu with "Select" as the current value. Below these fields is a "Spouse name:" field, a "Driver License State:" dropdown menu with "Choose One" as the current value, and a "Driver's License number:" field. At the bottom of the form is a "Next" button.

Please Note There is also a feature here that allows you to retrieve a forgotten password. If you click this link, your password will be e-mailed to you at the e-mail address you have provided.

- I. The first section, Section 1, is for your Personal Data: your name, SSN, date of birth, Driver's license number, etc. Please keep in mind that certain areas of the form are mandatory and are indicated by a red asterisk (\*). Throughout the form, when finished each section, click the box that says "Next". If any of the required areas are not filled in, the form will take you back to that area and there will be a red underline to remind you to provide information in that area before moving to the next section. Also, by clicking "Next", the completed information in that section will be saved before you move on to the next section of the form.



[Logout](#)

## Application for LTC Appointment - Agents

All information collected on this web page is securely transmitted via our internal collection database. If you have any concerns regarding the security of this form or you would rather complete your paperwork by regular mail, please call us at 800-942-7355 x 7601 or 7061.

### Section 1: Personal Data

Salutation: *	First Name: *	Middle Name:	Last Name: *	Suffix:
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name as it appears on license: *		Other names used - aliases		
<input type="text"/>		<input type="text"/>		
SSN: (###-##-####) *	Date of Birth: (mm/dd/yyyy) *	Place of birth: *	Gender: *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	
Spouse name:	Driver License State:	Driver's License number:		
<input type="text"/>	<input type="text" value="Choose One"/>	<input type="text"/>		
<input type="button" value="Next"/>				

- II. Section 2 is for your address, residential and/or business and your previous address information if necessary. If you have been residing at your home address for less than 7 years, an additional section will open up for you to provide all of your previous residential addresses.

### Section 2: Address

<b>Residential Address: *</b> <input type="text"/>		<b>Check if same as Residential.</b> <input type="checkbox"/>	
<b>Residential City: *</b> <input type="text"/>	<b>Residential State: *</b> <input type="text" value="Choose One"/>	<b>Business Address:</b> <input type="text"/>	
<b>Residential ZIP: *</b> <input type="text"/>	<b>Residential County: *</b> <input type="text"/>	<b>Business City:</b> <input type="text"/>	<b>Business State:</b> <input type="text" value="Choose One"/>
<b>Residential Phone: *</b> ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		<b>Business ZIP:</b> <input type="text"/>	<b>Business County:</b> <input type="text"/>
<b>Preferred Mailings Address: *</b> <input type="radio"/> resident <input type="radio"/> business <input type="radio"/> other		<b>Business Phone:</b> ( <input type="text"/> ) <input type="text"/> - <input type="text"/> x <input type="text"/>	
<b>Length of time at home address: (years) *</b> <input type="text"/>		<b>Cell Phone:</b> ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<b>Email Address:</b> <input type="text"/>
		<b>Fax Number:</b> ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<b>Website address:</b> <input type="text"/>

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- III. In Section 3, Licenses. Please provide information about any states you are licensed and wish to become appointed in. ACSIA does not pay for non-resident appointment fees. By entering information about your non-resident license you are agreeing to the fees and must pay these fees in order for your appointment to be complete. If you choose "yes" for non-resident appointment for the state of Florida, a box will open up. Please click and list in the box which counties you wish to be appointed in.

Section 3: Licenses - Mozilla Firefox

File Edit View History Bookmarks Tools Help

Section 3: Licenses

Navigation

- 1. Personal Data
- 2. Address
- 3. Licenses
- 4. References
- 5. New Business
- 6. Careers
- 7. Allianz
- 8. Genworth
- 9. Gradient
- 10. Metamerica
- 11. Mutual of Omaha / United of Omaha
- 12. One America
- 13. Prudential
- 14. Transamerica
- 15. United Security
- 16. Medicare
- 17. W-9
- 18. Assignment of Commissions
- 19. Designated Beneficiary
- 20. Direct Deposit
- 21. E & O Insurance
- 22. Business Card
- 23. "Do Not Call" Training
- 24. Renew and Signature
- 25. Print Instructions

Legend

- Section to be completed
- Current Section
- Section completed
- Required Field

Application for LTC Appointment - Agents [Status: locked]

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Section 3: Licenses

State you are a resident of: License Number: Expiration Date: (mm/dd/yyyy)

California 01/01/2015

Non-Resident appointments will apply to all carriers, if entered below and may require fees. Please click here to see the fee grid for applicable fees. BY COMPLETING THIS FORM YOU ARE AGREEING TO THESE ASSOCIATED FEES. Nonresident appointments may be done on a case-by-case basis at any time, by contacting LTC Global Contracting Division.

Other states that you would like to be appointed in: License Number: Expiration Date: (mm/dd/yyyy) Add other states

1. New York	22222222	01/01/2012
2. Massachusetts	112233445566	01/01/2015
3. California	11111111	01/01/2015
4. Choose One		
5. Choose One		
6. Choose One		
7. Choose One		
8. Choose One		
9. Choose One		
10. Choose One		

Are you requesting non-resident appointment for FL? ☒ Yes ☐ No

What Florida counties? \*

Year entered into the insurance business: (yyyy) \* 1995

Are you a part of a Special Division? If not sure select No: \* No

Are you currently or have you ever been FINRA registered? ☒ Yes ☐ No

NPN Number: 1191462

My broker dealer is: Ma Minon

CRD number: 123456

- IV. Section 4, References and Section 5, New Business are fairly straight forward.
- V. Next, the site is broken down into the various carrier questions. You will see a checkbox section to choose the carrier(s) you would like to be appointed with. New agents will need to be appointed with all the carriers in the ACSIA portfolio, therefore these boxes are automatically checked for you. The exception is MedAmerica which is not part of our electronic submission system. If you wish to be appointed with MedAmerica please contact the licensing department. Each carrier section on the form has specific questions for that specific carrier. You may be required to provide details for some of your answers. If so, a box will automatically open for you to type in your information. Once you go through the form and answer the carrier specific questions, you will come to a section called "ACSIA FORMS". While each of these forms is optional, there has been a link provided to "learn more" or to view the actual form itself for reference purposes.

#### Application for LTC Appointment - Agents

All information collected on this web page is securely transmitted via our internal collection database. If you have any concerns regarding the security of this form or you would rather complete your paperwork by regular mail, please call us at 800-942-7355 x 7601 or 7061.

##### Section 6: Carriers

The following is a list of carriers available in ACSIA's portfolio. You will be appointed with all of the carriers that are available for your state. Please note that not all carriers have product availability in every state.

✓ Genworth	✓ Partner Advantage	✓ John Hancock	⚠ MedAmerica (On Request)	✓ MOO/UOO
✓ One America	✓ Prudential	✓ Transamerica	✓ United Security	

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- VI. Additional sections include W-9, Assignment of Commissions, Designated Beneficiary, Direct Deposit, E & O Insurance, Business Card order and Do Not Call Training Exam.

For the E & O Insurance section, once you choose a Coverage Option (Tier 1 or Tier 2), and enter your effective coverage date, when you click the "Calculate Total Premium Due" button, the premium amount is automatically filled in for you.

### Section 13: E & O Insurance

**E & O Insurance Form**

Do you carry E & O Insurance ? : \*

☐ Yes ☒ No

E & O Requirements:

LTC Global, Inc. has a corporate policy that agents contracted with ACSIA and many of our endorsed carriers require agents to have Errors & Omissions (E&O) coverage. LTC Global offers E&O coverage that can be obtained by completing below ([learn more](#)) .

Coverage Option ([learn more - Outline of Coverage](#)) - NOTE: You MUST select a Coverage Option below: \*

☐ Basic Errors & Omissions coverage: Low cost, basic E & O coverage through LTC Global, Inc.

☒ Tier I: Long Term Care, Health, Life and Fixed Products Only

☐ Tier II: Long Term Care, Health & Life, Variable Products & Mutual Funds

☐ No need: To be done later

Effective Coverage Date: (mm/dd/yyyy) \*

Total Premium Due: ([refer to the Premium Table](#)) \*

Calculate Total Premium Due \$

Payment\*

Payment in Full by Check or Money Order:

Payment in Full Only. No installments. Please make check or money order payable to CalSurance Associates.

Mail Check to:

Brown & Brown of California, Inc.  
dba CalSurance Associates  
P.O. Box 7048  
Orange, CA 92863-7048


Other payment options:  
including installments by credit card or ACH (Debit to Checking) are available only online at: [www.calsurance.com/LTC](http://www.calsurance.com/LTC)

If you select the Basic Errors & Omissions Coverage a "Buy Now" Button will appear, if you click on that it will allow you to make a credit card payment.

**Payment**

A payment of \$90.00 must be included to cover the premium for the first three months.

• Click "Buy Now" button below to pay via secure credit card (Visa/MC/American Express/Discover):



AuthorizeNet Simple Checkout

• If you do not want to pay via credit card, please contact Acsia Licensing [acsialicensing@ltcglobal.com](mailto:acsialicensing@ltcglobal.com) or call 800-942-7355 x 7061 for check payment instructions.



For the Business Cards form, you have the option of pre-filling the form using the information you provided for your Business Address or Residential Address. You will be asked if you want to have your own ACSIA email & if you want to place it in your Business Cards instead of your personal email.

**Business Cards Form**

Prefill with info from:

☒ Business Address

☐ Residential Address

☐ Other Mailing Address

☐ Clear Form

**Personal Information**

Name: (as you want to appear on your card)

Street address / Suite #:

Title:

City:

License #: (CA agents only)

State / ZIP:

**Contact Information**

Phone 1:

Phone Type 1:

Phone 2:

Phone Type 2:

Phone 3:

Phone Type 3:

Email address:

Website:

Do you want to have your own ACSIA email address (the format will be your FIRSTNAME.LASTNAME@acsialtc.com)? \*

☐ Yes

☐ No

In having your own ACSIA email do you want to place it in your Business Cards instead of your personal email address? \*

☐ Yes

☐ No

The next section is the Do Not Call Exam. Please read the training presentation provided by clicking the link ([training presentation](#)) then fill in your answers on the exam page.

### Section 15: "Do Not Call" Training

**"Do Not Call" Exam Form \***

Please read the attached Do Not Call Training document before completing the exam ([training presentation](#)).

The new rules restrict the calling hours to between:

☐ 9:00 am and 6 pm

☐ 9:00 am and 9:00 pm

☐ 8:00 am and 6:00 pm

☐ 8:00 am and 9:00 pm

Callers may block their caller ID information.

☐ True

☐ False

Callers must allow prospects \_\_\_ rings or \_\_\_ seconds to answer the phone.

☐ 4/15

☐ 15/4

☐ 5/10

☐ 10/5

The disclosure rules require that at the beginning of a call you:

☐ Identify yourself and the company, your location and the nature of services provided

☐ Identify yourself and the company, the purpose of the call and the nature of services provided

☐ Identify the company, your location and the purpose of the call

☐ Identify yourself, your location and the purpose of the call

Once you have completed the exam, you will need to click on the box at the bottom, under Question # 18 that says "I have read the Do Not Call Training documentation and have completed the DNC Exam". A box will pop up that reads "Submit DNC Exam". This will submit your test answers and will automatically note incorrect answers, if any.

## Section 25: Review and Signature

When your documents are submitted and are ready you will receive an email from our licensing department. At that time you should go to tab 25 in the navigation bar. This page will display all your carrier contracts that are available for electronic signature. Please note not all carriers may be available in your state.

Click on the PDF name, to open the contract. Please review the entire contract for accuracy. You may print or save the PDF to your hard drive for future reference. Close PDF.

Click the checkbox "contract reviewed and agreed to" to electronically sign each of the contracts.

Please enter a 4-6 digit PIN in the box displayed for security purposes.

After you have electronically signed all of your contracts click "I agree" at the bottom of the page. You will automatically be directed to the next section.

### Section 25: Review and Signature (Click here to view technical requirements for eSignature)

By checking the box next to each of the below insurance carriers and clicking "I Agree" below, I hereby:

Represent and warrant that I have reviewed each of the insurance carrier contracts and agree to all of the terms, obligations and conditions of the insurance carrier contracts, including, but not limited to, the compensation arrangements, provided to me during the ACSIA agent application process.

No.	Carrier	PDF Name	Contract reviewed and agreed to	Created Date	Page(s)	Size(kb)
1	GENWORTH	<a href="#">genworth-a.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	9	2804.43
2	MEDAMERICA	<a href="#">medamerica-a.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	19	186.45
3	MUTUAL OF OMAHA	<a href="#">mutual-a.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	18	106.54
4	PRUDENTIAL	<a href="#">prudential-a.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	2	189.44
5	TRANSAMERICA	<a href="#">transamerica_contract_pt_1-a.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	43	987.09

Further, by clicking "I Agree" below, I hereby:

Agree that my signature may be applied to each such insurance carrier contract in an electronic format and that my electronic signature represents my acceptance of the terms and conditions of such insurance carrier contract and that the electronically signed contract may be provided to the insurance carrier.

For security and credentialing purposes enter your 4-6 digit PIN here:

By checking the box next to each of the below ACSIA agent appointment documents and clicking "I Agree" below, I hereby:

Represent and warrant that I have reviewed each of the ACSIA agent appointment documents and agree to all of the terms, obligations and conditions of the ACSIA agent appointment documents, including, but not limited to, the compensation arrangements, provided to me during the ACSIA agent application process.

No.	ACSIA Appointment Document	PDF Name	Reviewed and agreed to	Created Date	Page(s)	Size(kb)
1	DO NOT CALL EXAM	<a href="#">ACSIA_DNC_Exam-a.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	3	66.67
2	BENEFICIARY	<a href="#">beneficiary_addendum.pdf</a>	<input checked="" type="checkbox"/>	14-APR-11	1	18.19

## Section 26: Print Instructions

Some documents must be printed and returned to the licensing department.

Click on the PDF name to open the document

Print.

After you print, you may save the document to your hard drive for future reference.

After you have printed the documents please complete / sign / initial where needed.

## Section 26: Print Instructions

Print, complete and return the following via fax/email/mail:

No.	Carrier Appointment Document	PDF Name	Created Date	Page(s)	Size(kb)
1	ONEAMERICA	<a href="#">one_america-a.pdf</a>	14-APR-11	6	357.23

No.	ACSIA Appointment Document	PDF Name	Created Date	Page(s)	Size(kb)
1	W9	<a href="#">w-9.pdf</a>	14-APR-11	1	4077.93
2	DIRECT DEPOSIT	<a href="#">direct_deposit_form.pdf</a>	14-APR-11	1	978.75
3	BUSINESS CARDS	<a href="#">business_card_order.pdf</a>	14-APR-11	1	83.88
4	PARTNER ADVANTAGE	<a href="#">partner-a.pdf</a>	14-APR-11	5	182.90

On the print and return forms please add:

1	Copy of license(s)
2	Copy of partnership certification

### Mail appointment fees:

- see attached [sheet](#) for instructions re fees

You may send your documents by email to [ACSIALICENSING@LTCGLOBAL.COM](mailto:ACSIALICENSING@LTCGLOBAL.COM)  
or by fax to 239.206.2491 or to 866.527.5512.