



LONG TERM CARE INSURANCE
Contracting Kit

CARRIER: **MetLife**
CURRENT AS OF 5/10/06

IMPORTANT: CARRIER REQUIRES THAT **EVERY PAGE** IN THIS ENTIRE KIT BE REVIEWED, COMPLETED, OR SIGNED AND RETURNED TO CPS INSURANCE SERVICES. PLEASE CALL (949) 225-7113 WITH ANY QUESTIONS.

By Mail
CPS INSURANCE SERVICES
ATTN: Long Term Care
18551 VON KARMAN AVE, SUITE 150
IRVINE, CA 92612

- OR -

By Fax
CPS INSURANCE SERVICES
ATTN: Long Term Care
(949) 225-7113

**IF YOU ARE IN ONE OF THE FOLLOWING PRE-APPOINTMENT STATES,
YOU MUST BE APPOINTED BY MetLife PRIOR TO SOLICITING LTC BUSINESS**

**Georgia
Kansas
Kentucky
Louisiana**

**Michigan
Montana
New Jersey
North Carolina**

**North Dakota
Pennsylvania
Texas
Utah**

**Washington
Wisconsin**

<input checked="" type="checkbox"/>	INSTRUCTIONS
<input type="checkbox"/>	Be certain to review, complete, or sign every page of entire appointment packet. After you have done so, make copies for yourself. This is a contract between you and the Insurance Company.
<input type="checkbox"/>	Include a copy of your current resident insurance license
<input type="checkbox"/>	Include a copy of your E&O Insurance Certificate
<input type="checkbox"/>	<p>If you are in the following states, include a copy of your required Long Term Care Course Certification:</p> <ul style="list-style-type: none"> CALIFORNIA – <i>California Long Term Care</i> or CTQ 8-hr CE COLORADO – <i>Colorado Long Term Care</i> 2-hr CE DELAWARE – <i>Delaware Long Term Care</i> 3-hr CE ILLINOIS – <i>Traditional Long Term Care Insurance Policy</i> 6-hr CE INDIANA – <i>Indiana Long Term Care</i> 8-hr CE MARYLAND – <i>Maryland Long Term Care</i> 2 hr CE WASHINGTON – <i>Washington State Long Term Care</i> 6-hr CE
<input type="checkbox"/>	<p>If you are selling Partnership Policies in the following states, include a copy of your Partnership Certification</p> <ul style="list-style-type: none"> CALIFORNIA – <i>CA Partnership for Long Term Care</i> 8-hr CE CONNECTICUT – <i>CT Partnership for Long Term Care</i> 8-hr CE INDIANA – <i>Indiana Partnership for Long Term Care</i> 8-hr CE NEW YORK – <i>New York Partnership for Long Term Care</i> 8-hr CE

TO: MetLife
Corporate Licensing and Registration - LTC
500 Schoolhouse Rd. Johnstown, PA 15904
Fax 908-552-2444
Please direct phone call inquires to 888-776-3882, prompt 3

MetLife®

Long-Term Care

Rev 11

LTC Appointment Form		Requesting Appointment For: MGA <input type="checkbox"/> AGA <input type="checkbox"/> GA1 <input type="checkbox"/> Broker <input checked="" type="checkbox"/> Payee <input type="checkbox"/>	
Broker Name (Last, First, MI)		Social Security #	Date Of Birth
Agency Name		Tax ID #	
Home Address	City/State/Zip Code	Broker Phone/Email	
Business Address	City/State/ Zip Code	Business Phone/Email	
MGA Licensing Contact: Christian Hernaez MGA Telephone: 949-863-0700 x113		EMAIL Address of MGA Licensing Contact: chernaesz@cpsinsurance.com	
<i>Check off any entity that has not been involved in the sale, solicitation, or regulation of an insurance product. The NAIC Producer Licensing Model Act can only be applied to those entities checked off.</i>			
MGA <input type="checkbox"/> AGA <input type="checkbox"/> GA1 <input type="checkbox"/> Payee <input type="checkbox"/> if they will not be known by the applicant to be involved in the sale.			
INSURANCE LICENSING/APPOINTMENTS: STATES: Please circle each state you are requesting appointment in. Please ensure you attach the appropriate state license and certification for each state. AL AK AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY <input type="checkbox"/> FLORIDA NON-RESIDENT <u>MUST</u> LIST COUNTIES _____			

Indicate Who Commissions are payable to:

* Please note – if no information is listed – we will default to using the broker as the payee *

Name	Tax ID or SS#
Principal Officer Name (if applicable)	Principal Officer SS # : (if applicable)

Indicate Where Commissions are mailed:

* Please note – if no information is listed – we will default to using the MGA mailing address *

Name:	
Address:	City/State/Zip Code:

Check off who Policies are mailed to: MGA ☒, AGA ☐, GA1 ☐, Broker ☐ or address listed below:

* Please note – if no information is listed – we will default to using the MGA mailing address *

Name: CPS Insurance Services, Inc.	
Address: 18551 Von Karman, Suite 150	City/State/Zip Code: Irvine, CA 92612

CPS MGA# N2Y538-1

Background Checks **are required for appointment requests in the following states, and at MetLife's discretion:** AL, DC, FL, GA, KY, MA, MS, OH, OK, NC, PA, and WV. **Background checks lengthen the appointment process.**

Appointment Status: Producer numbers, comp levels and appointment effective dates, as well as requests for missing or updated paperwork, will be emailed to the licensing contact listed above.

I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife (hereafter referred to as "The Company") may conduct investigations in connection with my request to represent The Company in the solicitation of certain insurance products. I hereby consent to The Company requesting and obtaining all information as discussed in this paragraph and for all such reports to be requested by and provided to The Company. I understand that a routine inquiry may be made as to a requirement for state appointment. If applicable, The Company may obtain reports from a consumer reporting agency, an investigation report or inquiries from the State Insurance Department. Any information that The Company obtains about me will be treated as confidential. FAIR CREDIT REPORTING ACT – as part of its regular procedures, The Company may obtain an investigative consumer report. It may deal with character, reputation, personal traits, and lifestyle. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the above. I understand that if any of the material information I provided is found to be incorrect or incomplete, it may be grounds for my immediate termination at the discretion of The Company.

Broker's Signature: _____ Date: _____

MGA's Signature: _____ Date: _____

For MGA, AGA or GA1 Use Only:

List the following hierarchy information along with the compensation level that is applicable. (e.g. G1, etc.):

* Please note if a compensation level is not indicated, the comp level will default to the **basic broker level**. *

MGA: CPS INSURANCE SERVICES	(Agency ID#) N2Y538-1	Principal Officer (P/O): Peter J. Holden
AGA:	(Comp Level):	Principal Officer (P/O):
GA1:	(Comp Level):	Principal Officer (P/O):
Broker:	(Comp Level): D5	

For IDI – LTC Use ONLY:

Please list your IDI Representative : _____

For MetLife Use Only: Brokerage Unit – Cost Center - 22338

Due Diligence: ☐ Approved ☐ Pending ☐ Declined _____

Status: ☐ Appointment Processed ☐ Insufficient Information ☐ Declined: _____

(Eff Date: _____) ☐ Paced: _____

If Insufficient information, check off reasons:

☐ Still active with another distribution channel (MLFS, NEF, etc).

☐ No Broker Appt form submitted

☐ Incomplete Appointment Form

☐ Need license copy. List states: _____

☐ Expired/ terminated licensed submitted

☐ Continuing education credits missing. List states: _____

☐ Other: _____

Broker ID # _____ Coded By _____ Date Coded: _____

GA1 DAI #: _____ GA2 DAI# _____

MGA DAI #: _____ AGA DAI# _____

MetLife® LTC Brokerage

Long Term Care Insurance Broker Commission Schedule

Ages 18-84*

*Certain Special State Age Restrictions Apply. See "Special States" Schedule

Level	Year 1 (FYC)	Years 2-5 (Renewals)	Years 6-10 (Renewals)	Years 11+ (Renewals)
BROKER D5	60%	6%	2%	2%

SPECIAL STATE SCHEDULES

DELAWARE

Level	Year 1	Years 2-5	Years 6-10	Years 11+
BROKER D5	24.5%	13%	13%	2%

INDIANA

Level	Year 1	Years 2-5	Years 6-10	Years 11+
BROKER D5	24%	12%	12%	0%

MICHIGAN

Level	Age 18-64 Year 1 Ages 65+ Year 1	Years 2-5 Years 2-3/4-5	Years 6-10	Years 11+
BROKER D5	Ages 18-64 60% Ages 65+ 26.5%	6% 26.5%/6%	2% 2%	2% 2%

WISCONSIN

Level	Year 1	Years 2-5	Years 6-10	Years 11+
BROKER D5	36%	9%	9%	2%

Commission on the Limited Payment options (10-Pay, Pay to 65, Reduce Pay at 65 and Double Pay) is calculated differently than Lifetime payment. FYC (First Year Commission) is paid on the "base" premium and Year 2 Renewal is paid on any "excess" premium. This applies to the first policy year. The base premium is amount of premium if the policy was paid as a Lifetime payment. The Excess premium is the amount of premium greater than the base premium.

The term "Broker" is used above to describe the individual broker or agent, GA1, or the Associate General Agent (AGA).

PRODUCER PROFILE

Please complete this form and return to CPS. We must have a completed and signed form on file.

PRODUCER INFORMATION				
Name		Company/Corporation Name		
Fax		E-Mail Address		
Business Phone		Home Phone		
Business Street Address	Suite	City	State	Zip Code
Home Street Address	Apt. No.	City	State	Zip Code
Mail to? <input type="checkbox"/> Business <input type="checkbox"/> Home		Preferred method of correspondence? <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		
Social Security No.		Tax ID No.		
Insurance License No.		Date of Birth – Day/Mo/Year		
Designations (Check all that apply) <input type="checkbox"/> CLU <input type="checkbox"/> CPCU <input type="checkbox"/> ChFC <input type="checkbox"/> RHU <input type="checkbox"/> CFP <input type="checkbox"/> LUTC <input type="checkbox"/> CIC <input type="checkbox"/> Other: _____				
Do you carry E&O insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes? Name of carrier?		
Do you assign commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes? To whom?		
Are you securities licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicable Licenses? <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63		
If NASD registered, what is the name of your broker dealer				

Please go to next page

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Print Name

Sign Name

Date

Thanks for doing business with CPS Insurance Services!