



LONG TERM CARE INSURANCE
Contracting Kit

CARRIER: **LINCOLN LIFE (MONEYGUARD)**
CURRENT AS OF 6/2/06

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

See attached MoneyGuard Grid for Individual State Requirements

<input checked="" type="checkbox"/>	INSTRUCTIONS
<input type="checkbox"/>	Be certain to review, complete, or sign <i>every page</i> 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

Lincoln Life - MoneyGuard Product Series

State Requirements for Licensing and LTC Training

As of: June 1, 2002

States	State Licensing Requirements				LTC Training Requirements		
	Requires Life License	Requires Health License	State Offers Combo L&H license?	Requires Special LTC License	Pre-sale Hours	Continuing Ed Hours	Frequency
Alabama	X	X					
Alaska	X	X					
Arizona	X	X					
Arkansas	X	X					
California	X	X	YES		8 hours	8 hours	Biennially
Colorado	X	X					
Connecticut	X	X					
Delaware	X	NO					
Dist. of Columbia	X	NO					
Florida	X	X					
Georgia	X	X					
Hawaii	X	X					
Idaho	X	X					
Illinois	X	X			6 hours		Initially
Indiana	X	X			8 hours	5 hours	At renewal
Iowa	X	X					
Kansas	X	X					
Kentucky	X	X					
Louisiana	X	X					
Maine	X	X	YES				
Maryland	X	X					
Massachusetts	X	X			Requires training by carrier		
Michigan	X	X					
Minnesota	X	X					
Mississippi	X	X					
Missouri	X	X					
Montana	X	NO					
North Carolina	X	X		YES			
North Dakota	X	X					
Nebraska	X	X					
New Hampshire	X	X					
New Jersey	X	X					
New Mexico	X	X					
Nevada	X	X					
Ohio	X	X	YES				
Oklahoma	X	X					
Oregon	X	NO					
Pennsylvania	X	X					
Rhode Island	X	X	YES				
South Carolina	X	X					
South Dakota	X	X					
Tennessee	X	X					
Texas	X	X	YES				
Utah	X	X					
Virginia	X	X	YES				
Vermont	X	X					
Washington	X	X					
West Virginia	X	X					
Wisconsin	X	X					
Wyoming	X	X					



The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company

Producer Authorization & Appointment Packet

Producer Checklist:

- ☐ **Complete, sign and submit contracting/appointment forms:**
 - Fair Credit Reporting Act Disclosure & Authorization
 - Preliminary Information form
 - For MoneyGuard General Agents only - Submit 1 copy of Selling Agreement
- ☐ **Attach copies of all applicable licenses and any additional state required forms:**
 - Current copy of life licenses for each state in which you are requesting appointment
 - For MoneyGuard products, a health license is also required
 - Certification of pre-education or continuing education requirements, as needed
- ☐ **Submit appointment packet and license copies to your Managing Agency or Firm office.**

Managing Agency/Firm Checklist:

- ☐ **Complete and Submit Producer Endorsement Transmittal form:**
 - Review information submitted by Producer
 - Complete hierarchy and compensation details
 - Provide authorizing signature
- ☐ **Verify state license and appointment guidelines:**
 - Confirm appropriate state appointment(s) for the Producer and or Agency, including those receiving an override
 - If submitting new business at the time of initial appointment, please refer to our published State Appointment Guidelines chart to verify state requirements for restricted and non-restricted rules
- ☐ **Mail or FAX the completed forms and licensing copies to Producer Services**

Please keep the follow guidelines in mind when submitting paperwork on new producers:

- New appointment requests will be submitted to the appropriate state Department of Insurance by LNL based on current “restricted” and “non-restricted” appointment guidelines. For “restricted” states, LNL will submit the appointment request(s) as new producer paperwork is received. For “non-restricted” states, the appointment request is typically not submitted until the first piece of business is submitted. As state regulations change periodically, please refer to the ***State Appointment Guidelines*** for current state requirements.
- Lincoln Financial Distributors reserves the right to limit product line availability

LL-5232AA (04/03)



The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company

Fair Credit Reporting Act Disclosure & Authorization As required by the 1997 FCRA Sections 604(b)(2)(A) and 606(a)

Disclosure of Intent to Obtain Consumer Report And/or Investigative Consumer Report

The Lincoln Financial Group family of insurance companies as listed above ("Lincoln") may obtain and use a "consumer report" or "investigative consumer report" from a "consumer reporting agency" about you when considering whether to contract with you or appoint you as a Lincoln distributor or, if you become a Lincoln distributor, when deciding whether to continue your association with Lincoln and when making other decisions regarding your association with Lincoln that directly affect you. These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As a prospective distributor for Lincoln, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as Lincoln.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for credit, employment, insurance or other purposes authorized by the FCRA. If any such information is obtained through personal interviews with the consumer's friends, neighbors, associates or with others who have knowledge about such information, such a report is an "investigative consumer report."

If Lincoln obtains an "investigative consumer report," you may request, in writing, that Lincoln provide you with information about the nature and scope of the investigation to be conducted. You may also request that Lincoln provide you with a copy of the Federal Trade Commission's document entitled: "Summary of Your Rights Under the Fair Credit Reporting Act." This document and more information about the FCRA is available on the Federal Trade Commission's Website at www.ftc.gov.

You are also free to contact the Federal Trade Commission about your rights under FCRA as a "consumer" and to obtain more information about "consumer reports," "investigative consumer reports," and "consumer reporting agencies."

Authorization of Applicant to Obtain Consumer Report and Investigative Consumer Report

By signing below, I hereby voluntarily authorize Lincoln to obtain "consumer reports" and/or "investigative consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" and/or "investigative consumer reports" when considering whether to contract with or appoint me as a Lincoln distributor, and, if I become a Lincoln distributor, through the time of my affiliation with Lincoln. I further authorize all persons and entities (including, but not limited to businesses, corporations, former employers and supervisors, credit agencies, consumer reporting agencies, government agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to a "consumer reporting agency" for use by Lincoln and agree to hold each harmless from all liability and responsibility for doing so. I understand that if an investigative consumer report is to be procured, upon written request, I will be given a list of the areas which will be researched and included in the report. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. My signature below confirms that I have read the information contained in this form.

Name (*print or type*): _____ Date: _____

Signature: _____



- ☐ The Lincoln National Life Insurance Company
☐ Lincoln Life & Annuity Company of New York
☐ First Penn-Pacific Life Insurance Company

Producer Preliminary Information

These forms must be completed as part of your application for an appointment to represent the LFG affiliates indicated. All questions must be answered and the information provided will be kept in confidence unless release is required by law.

Last	First	M.I.
<hr/>		
Name:	D.O.B.	SSN or TIN:
<hr/>		
Agency/Firm/Broker Dealer:	Business phone:	
<hr/>		
Business address:	Business fax:	
<hr/>		
Current residence address:	Home phone:	
<hr/>		
E-mail Address:	Lincoln Financial Advisors SA/PC #:	
<hr/>		

If you have lived at your current address for less than 5 years, give your previous address.

Address:

Licensing & Registration Information:

License Type:	<input type="checkbox"/> Life	<input type="checkbox"/> Life/Health	<input type="checkbox"/> Variable	<input type="checkbox"/> LTC	<input type="checkbox"/> Other _____
NASD Registration (if any):	<input type="checkbox"/> Series 6	<input type="checkbox"/> Series 7	<input type="checkbox"/> Series 63	<input type="checkbox"/> Series 66	<input type="checkbox"/> Other _____

Clearinghouse Name & # (if any): _____

Personal Information:

(Please provide a written explanation, including date of the event and date of discharge, for any yes answers on the next page of this form.)

Are you currently, or have you ever:	Yes	No
1. Been the subject of any customer complaint or complaint or proceeding by any securities, insurance or commodities regulatory body or organization?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been suspended, expelled, fined, barred, censured, or otherwise disciplined or found to have violated any securities or commodities law or rule by any securities or commodities regulatory body or organization or employer in the commodities or insurance industry?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been refused a license to sell insurance or been refused membership in any securities regulatory body or organization or had a license suspended or revoked by any Securities and/or State Insurance Department?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been convicted of or pleaded nolo contendere to any felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had your contract, appointment or employment arrangement terminated or have you been permitted to resign from any insurance company or other financial services employer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been involved in a bankruptcy (personal or otherwise), had a salary garnished or had liens or judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been associated with Lincoln in any capacity?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, list Lincoln Affiliate Name: _____ Dates of affiliation: _____

THIS SECTION DOES NOT APPLY TO BROKER DEALER APPOINTMENTS.

Direction to Pay: In consideration of my appointment by the above selected Company or Companies, I direct that all commissions payable by the Company or Companies for business written under this appointment be payable to:

Name: _____ SSN/TIN: _____

Signatures and Authorization:

By signing below, I certify the information given is an accurate statement of facts, the attached licenses and registrations are currently in-force and good standing, I have met all educational requirements for the states in which I am licensed and seeking appointments, and that I have fulfilled the appropriate examinations, education and training requirements. By my signature below, I also give the above selected Company or Companies permission to investigate as necessary to verify this information. I realize that this authorization, in original or copy form, is valid now or any time in the future.

Producer (Applicant): _____ Date: _____



The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
First Penn-Pacific Life Insurance Company

Additional Information or Instructions:

**The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York ***

350 Church Street, MPC-4
Hartford, CT 06103-1106
(800) 238-6252 voice
(860) 466-2504

**Lincoln Retirement
Lincoln Life & Annuity Company of New York***

P.O.Box 7833, 5H39
Fort Wayne, IN 46801-7833
(800) 331-4949 voice
(260) 455-1267 fax

First Penn-Pacific Life Insurance Company

Contracting and Appointment Paperwork
Lincoln Financial Group
Attn: Producer Services
PO Box 5048
Hartford, CT 06103-1106
(877) 378-7366 voice
(847) 466-3157 fax
Overnight: 350 Church Street, MPC2
Hartford, CT 06103-1106

**Lincoln Life & Annuity Company of New York issues are based on product line. Annuity Information should be sent to the Ft. Wayne, IN office and Life Information should be sent to the Hartford, CT office.*

LL-5232AA(04/03)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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!