

# United American Contracting Guide

- The United American contracting invitation will come from GAAUTOMATION@torchmarkcorp.com
- **An example of the email is below:**



3700 S Stonebridge Drive ~ McKinney, TX 75070-8080

Dear Agent,

You have been invited by United American Insurance Company to join our sales team.

Please follow the Agent Appointment link to become a member of the team:

[Follow this link to start the appointment process](#)

Congratulations on taking the first step to a relationship with United American Insurance Company (the "Company"). Our objective is to get you appointed TODAY! Click on the link above and complete the process now; it takes only a few minutes. The sooner you know us, the sooner you realize we're different than other insurance companies by design.

The Company's primary focus is the Senior market, which was not adversely affected by healthcare reform. With 10,000 individuals turning 65 in this country every day according to the *U.S. Department of Health & Human Services*<sup>1</sup>, the potential for Medicare Supplement sales is tremendous; the Company wants to help you take advantage of it! All of us at the Company look forward to a long and mutually beneficial relationship. Thanks for partnering with us. NOW, let's get started!

1. **Company rated at A+ (Superior)<sup>2</sup>** for Financial Strength for more than 35 consecutive years.
2. **Incentives:** we offer monthly, quarterly, and annually incentives, ranging from free iPads, GPS's, to fabulous trips to exotic locations for our annual Convention.
3. **Sales/Training/Marketing Support:** available 24/7. Access Agent website for information and resources. Take online Brainshark product training. Register for live weekly sales recruiting and training and seminars. Download the marketing materials, brochures, rates, applications, etc., and more.

Sincerely,

A handwritten signature in black ink that reads 'John K. Hall'.

**John Hall**  
CEO, Independent Agency Markets

1. Click on the "Follow this link to start the appointment process" link in your contracting invitation. You will be redirected to the United American contracting portal.
2. Your information on this page should already be completed. Verify all information is correct and choose "Accept".
3. Next, you will need to complete all 5 steps of the agent application.
  - Agent Details
  - Direct Deposit
  - State Appointments
  - Payment Information
  - Review and Sign
4. Use the "Previous" and "Save and Continue" buttons at the bottom of each page to navigate through the application.
  - If a required field has not been completed, you will not be able to move on to the next step.

# Step 1 - Agent Details

Step 1 - Please enter your details

Steps: 1 2 3 4 5

## Applicant

**Please note, your name MUST appear exactly as it does on your resident license.**

First Name  **✖ Required** Middle Initial

Last Name  **✖ Required**

SSN

Date of Birth  -  -  mm-dd-yyyy

Country of Birth  USA  Foreign Country

City of Birth  State

US Citizen  Yes  No

Gender  Male  Female

Loan Election  I DO elect to receive loans from Company (**Advances**)  I DO NOT elect to receive loans from Company (**No Advances**)

Questions **The following questions are asked because the answers are required by insurance departments: (All Supporting documentation must be sent to GAAutomation@globe.life before appointment can be processed.)**

a) Have you ever been convicted of a felony?  Yes  No  
i) If so, did any such felony involve theft, dishonesty or a breach of trust?  Yes  No

b) Have you ever been refused or had suspended or revoked an insurance License in any state? (If yes, applicant's detailed statement is required.)  Yes  No

c) Do you owe an unpaid balance to any insurance company you have worked for previously? ( If yes, applicant's detailed statement is required.)  Yes  No

## Resident Address

Street

City  State

Zip Code

County/District/Area

Tel No

Fax No

Email Address

By providing my e-mail address, I authorize the company to contact me by e-mail for agent appointment purposes, in connection with my working relationship with the Company, if any, and for other business purposes.

## Business Address

Same as above

Street

City  State

Zip Code

County/District/Area

Tel No

Fax No

Email Address

By providing my e-mail address, I authorize the company to contact me by e-mail for agent appointment purposes, in connection with my working relationship with the Company, if any, and for other business purposes.

## Step 2 - Direct Deposit



### Direct Deposit

Would you like to set up Direct Deposit to receive commission payments?  Yes  No

Account Type

Account No   Edit

Confirm Account No

ABA Routing No

Bank Name:

Bank Address

Bank City

Bank State

Bank Zip

Previous

Save & Continue

## Step 3 - State Appointments

- Be sure to select all states that you wish to become appointed in.
- If you choose to only become appointed in your resident state, check the box below the "State Appointments" header.

### Step 3 - Please select your state appointments

Steps: 1 2 3 4 5



### State Appointments

Check here to be appointed in your Resident State only and select the Continue button.

If you are licensed in other states and would like a Non-Resident appointment in any of the states listed below, make your selection and then select the Continue button.

The State Appointment Fees may change due to the Level of Authority type selected in each state.

<input type="checkbox"/> Select All	Company	State	Res State	LOA	County Appointment Fees	State Appointment Fees
<input checked="" type="checkbox"/>	United American Insurance Company	TN	Y	LIFE/HEALTH	\$0.00	\$30.00
<input type="checkbox"/>	United American Insurance Company	AR	N	LIFE/HEALTH	\$0.00	\$0.00
<input type="checkbox"/>	United American Insurance Company	AZ	N	LIFE/HEALTH	\$0.00	\$0.00
<input type="checkbox"/>	United American Insurance Company	CO	N	LIFE/HEALTH	\$0.00	\$0.00
<input type="checkbox"/>	United American Insurance Company	FL	N	LIFE/HEALTH	\$6.00	\$60.00
<input type="checkbox"/>	United American Insurance Company	GA	N	LIFE/HEALTH	\$0.00	\$10.00
<input type="checkbox"/>	United American Insurance Company	ID	N	LIFE/HEALTH	\$0.00	\$0.00
<input type="checkbox"/>	United American Insurance Company	IL	N	LIFE/HEALTH	\$0.00	\$0.00
<input type="checkbox"/>	United American Insurance Company	IN	N	LIFE/HEALTH	\$0.00	\$0.00
<input type="checkbox"/>	United American Insurance Company	KY	N	LIFE/HEALTH	\$0.00	\$50.00
<input type="checkbox"/>	United American Insurance Company	MD	N	LIFE/HEALTH	\$0.00	\$0.00

## Step 4 - Payment Information

### Step 4 - Payment Information

Steps: 1 2 3 4 5



Method of Payment  Check  Credit Card

#### State Appointment Fees

Company	State	Res State	LOA	County Appointment Fees	State Appointment Fees
United American Insurance Company	TN	Y	LIFE/HEALTH	\$0.00	\$30.00
					Total Fees: \$30.00

#### Enter Credit Card Information

First Name:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Card Type:

Credit Card Number:

Expiration Date:

I authorize you to charge my credit card account for my Appointment Fee(s) in the amount outlined above. If you determine that the actual Appointment Fee(s) are less than the authorized amount, you may instead charge such lesser amount to my credit card account. I understand that my credit card will NOT be charged until I have been APPROVED for appointment with the

## Step 5 - Review and Sign

- After reviewing that all of your information is accurate and complete, submit your application for processing.