

# Selling Agreement for



Long Term Care

## Required Paperwork:

1. Complete the following ( 3 ) pages
2. Copy of Insurance License
3. 8 Hour Partnership Training Course for LTCi (if applicable)
4. Copy of E&O Insurance  
(if your E&O is in the agency name we must have a letter from the E&O carrier stating you are covered)
5. Commission Advancement Application (available upon request)
6. Anti-Money Laundering Training Requirements\*
  - AML training was completed via LIMRA on \_\_\_/\_\_\_/\_\_\_ : or,
  - AML training was completed via an independent program (completion certificate attached).
  - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

\*If you have not met your AML training requirement or need to complete the carrier specific training, please visit [sunderlandgroup.com](http://sunderlandgroup.com) for the LIMRA training link.

## Remit Paperwork to:



**Fax:** 800.293.9897  
**E-mail:** [licensing@sunderlandgroup.com](mailto:licensing@sunderlandgroup.com)  
**Mail:** 2102 Great Northern Drive  
Fargo, ND 58102

**Questions Call**  
**800.373.9807**

# Appointment Data Sheet



Licensee Last Name		First Name		Middle Initial
Social Security Number		Date of Birth	License State(s) (needing JH)	
Business Address (policies and correspondence mailed here)		City	State	Zip
Resident Address		City	State	Zip
Phone Number (required)	Fax Number (required)		E-Mail Address	
<input type="checkbox"/> Not Paid Direct <input type="checkbox"/> Paid Direct		<i>(contract and commission schedule must accompany this data sheet)</i>		Commission Level:
General Agency Name		Principal Agent's Name		Agency Tax ID
Managing General Agency Name		Managing General Agent's Name		
<p>A. Agents who will be paid commission from the General Agent need only complete this sheet.</p> <p>B. Agents who will be paid directly by John Hancock:</p> <ol style="list-style-type: none"> <li>1. Complete this LTC Appointment Data sheet. Commission level must be indicated on this Sheet.</li> <li>2. Read, date, and sign the Contract.</li> <li>3. If commission is to be paid to someone other than yourself or to a corporation, complete Assignment of Commission form and attach it to the LTC Appointment Data Sheet.</li> </ol>				
<p><b>Please attach the following:</b></p> <ol style="list-style-type: none"> <li>1. A current insurance license copy for each state in which you wish to sell.</li> <li>2. This completed appointment form.</li> <li>3. Copies of completion of any additional requirements to sell LTCI as may be required by the states including Continuing Education, Producer Training or Partnership Training certifications.</li> <li>4. Attach commission schedule if paid by John Hancock.</li> <li>5. Attach assignment of commission form and licenses if assigning commissions.</li> <li>6. All commission forms and licenses if assigning commissions.</li> <li>7. All commission levels must be approved by the General Agent &amp; Managing General Agent.</li> </ol>		<p><b>Please send all materials to:</b></p> <p><b>(Overnight Address)</b>  <b>John Hancock</b>                  LTC Licensing, B-5                  200 Berkeley Street                  Boston, MA 02117</p> <p><b>(Postal Address)</b>  <b>John Hancock</b>                  Attn: LTC Licensing, B-5                  One John Hancock Way, Suite 1600                  Boston, MA 02117</p>		
<b>HOME OFFICE USE ONLY: PAYROLL NUMBER/EFFECTIVE DATE</b>				

**John Hancock Life Insurance Company (U.S.A)**  
**John Hancock Life & Health Insurance Company**  
Attn: LTC Licensing  
One John Hancock Way, Suite 1600  
Boston, MA 02217-1600



## Assignment of Commissions Form

### Assignor Information:

\_\_\_\_\_  
Name

### Assignee Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
SS# or Tax ID

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

Assignor assigns to Assignee all rights, title and interest to the Assignor's rightful commission on all policies due or to become due, from John Hancock Life Insurance Company (U.S.A.) and by John Hancock Life & Health Insurance Company, its subsidiaries, affiliates, or successors (hereinafter called "Company") under the Assignor's Broker Agreement with Company dated \_\_\_\_\_. However, such commission shall be subject to all of the terms and provisions of said contract including the right of the Company to withhold and use such commission to offset any indebtedness of the Assignor or Assignee to the Company and including any related agreements between Assignor and Assignee.

Assignor directs the Company to pay these commissions to the Assignee, and releases and indemnifies the Company from and against any and all liability to the Assignor, the Assignee or any third party for payment of these commissions in accordance with this agreement.

This assignment will become effective on the date it is accepted and approved by the Company, or, if later, the Requested Effective date indicated above.

Assignor warrants and represents that no other assignment, lien, restriction or order exists in connection with the commission described above.



\_\_\_\_\_  
Assignor Signature

\_\_\_\_\_  
Date

### Consent to Assignment

The Company consents to the above assignment of commission subject to the terms, provision and conditions stated or referred to herein, but assumes no responsibility or obligation as to the validity or sufficiency thereof.

\_\_\_\_\_  
Signature (Home Office)

\_\_\_\_\_  
Date

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.  
JH-LTC 1544 12/2009

*IN WITNESS WHEREOF*, Broker and John Hancock, have caused this contract to be executed and effective as of the dates indicated below.

**Broker agrees that this Agreement will take effect as indicated by John Hancock below.**

Executed by Broker



\_\_\_\_\_

(Broker Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

**Executed on Behalf of  
John Hancock Life Insurance Company (U.S.A.)  
John Hancock Life & Health Insurance Company**

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

This Agreement shall take effect as of \_\_\_\_\_.