



Lasso Healthcare

Agent Appointment Application

Level 4

* This is a Full Digital Contract and digital signatures will be accepted.

* **There are no production requirements for this level**

In order to get you appointed as quickly as possible, please complete the contract completely and accurately. Please fill out the following:

1. State Appointment Fees- Select the state(s) you wish to get appointed in.
2. Complete the Credit Card Form to pay for Non-Resident State Appointment fee(s), if applicable.
3. Complete the Appointment Application. You will sign as the Applicant.
4. Complete ACH Form for direct deposit. (no paper checks will be issued)
5. Complete the W-9

Required Supporting Documents:

1. Copy of Void Check
2. Copy of signed commission schedule
3. Copy of 2019 AHIP Certificate. Contract will not be processed without.

Please submit your complete contract and supporting documents to:

Stone Hill National
Attn: Medicare Contracting
257 E. 200 S. Ste. 750
Salt Lake City, Ut. 84111

Email: brady@stonehill.net

Medicare@stonehill.net

Fax: 801-618-0925

Thank you!



State Appointment Fees

- ❖ Lasso Healthcare will be paying agent/agency Resident State appointment fees only.
- ❖ All agents/agencies will be required to pay all Non-Resident State appointment fees.
- ❖ Appointment fees are doubled if you are appointing your agency.

List your Resident State: _____

From the list below, select the Non-Resident state appointment(s) you would like to get appointed in.

| Requested Non-Resident State Appointment(s) | State(s) | Appointment Fee |
|---|----------|-----------------|
| <input type="checkbox"/> | AR | No Fee |
| <input type="checkbox"/> | AZ | No Fee |
| <input type="checkbox"/> | DE | \$25.00 |
| <input type="checkbox"/> | HI | No Fee |
| <input type="checkbox"/> | IN | No Fee |
| <input type="checkbox"/> | IL | No Fee |
| <input type="checkbox"/> | KS | \$5.00 |
| <input type="checkbox"/> | MD | No Fee |
| <input type="checkbox"/> | MS | \$25.00 |
| <input type="checkbox"/> | MT | No Fee |
| <input type="checkbox"/> | NC | \$20.00 |
| <input type="checkbox"/> | ND | \$10.00 |
| <input type="checkbox"/> | PA | \$15.00 |
| <input type="checkbox"/> | SD | \$10.00 |
| <input type="checkbox"/> | TX | \$10.00 |
| <input type="checkbox"/> | UT | No fee |
| <input type="checkbox"/> | WY | \$15.00 |

**On the following page, complete the credit card form to pay for your state appointment fees.

Credit Card Form

Ritter Insurance Marketing, LLC

Date: _____

Name on card: _____
(exactly as it appears on card)

Card Number: _____

CVC2#: _____ Card Type: VISA Mastercard AMEX Discover

Billing Address:

City, State, Zip:

Expiration date:

Transaction amount:

Cell Phone:

By signing below, I authorize Ritter Insurance Marketing to electronically charge
my credit card account as specified above.

Signature:



Appointment Application

Please complete the form below in its entirety to avoid delays.

| Individual Information (All Individual Information fields required for all Appointment Applications). | | | | |
|--|-------------------------|-----------------------|--|------------|
| Legal Name (As name appears on Individual Resident State Insurance License) | | | | |
| Last: | | Middle | | First: |
| Social Security Number | Birth Date (MM/DD/YYYY) | Alias/Other Names: | | |
| Resident Address | | | | |
| City | | State | County | Zip Code |
| Resident Phone Number | | Business Phone Number | | Fax Number |
| Email Address | | | | |
| Appointment Type: <input type="checkbox"/> Individual OR <input type="checkbox"/> Corporation | | | This must match information provided on the Agreement and W-9. | |
| Mailing Preference: <input type="checkbox"/> Residential OR <input type="checkbox"/> Business | | | If applying as an individual, but prefer mail be delivered to your business, fill in the Business Address section below. | |
| If Applying as a Corporation, the following information is also required. (You must be a Principal of the Corporation to Apply). | | | | |
| Corporation Name | | | Principal | |
| Corporate Tax ID | | | Business Phone | |
| Business Address | | | | |
| City | | State | County | Zip |
| List your immediate upline's full name. (Their signature is not required.) | | | | |
| | | | | |

Applicant's Signature: _____



SIGNATURE

NOTE: Failure to accurately and honestly answer any of the following questions may result in a declination of your application and appointment with Lasso Healthcare. If you answer "Yes" to any of these questions, please provide supporting documentation and a brief explanation on the next page of this form.

Criminal Background Information

1. Have you ever been convicted of or pleaded nolo contendere to any felony or misdemeanor, except for traffic offenses? Yes No
2. Are there any criminal charges pending against you? Yes No

Department of Insurance and CMS

3. Have you ever had your insurance or securities license revoked and/or suspended by any department of insurance (even if later reinstated) for any reason?..... Yes No
4. Have you ever paid a fine related to a consumer complaint, failure to renew your license or continuing education credit in excess of \$500?..... Yes No
5. Have you ever been excluded, or are you aware of actions that could result in an exclusion, by the Office of Inspector General from participation in a government health care program, including Medicare and Medicaid?..... Yes No

Credit History

6. Have you filed for bankruptcy and/or had a bankruptcy discharged within the last five years? Yes No
7. Are you, at the present time, or have you been within the past five years, involved in any civil litigation, judgements, liens or foreclosures?..... Yes No

Other Companies

8. Do you owe any insurance company, marketing organization or individual for any premiums collected or monies advanced?..... Yes No
9. Have you ever been denied an appointment with any insurance company? Yes No
10. Have you ever been terminated for cause by any insurance carrier? Yes No

Other

11. Do you have other information related to criminal, insurance-related complaints, credit, etc., that was not covered by these questions that you wish to disclose?..... Yes No

Please provide an explanation for any "Yes" answers on the previous page in the corresponding sections below.

Criminal Background Information

Department of Insurance and CMS

Credit History

Other Companies

Other

Appointment
Application

Acknowledgment

I acknowledge that I am aware that any omission, falsification, misstatement, or misrepresentation on my application may disqualify me for appointment consideration, and if I am appointed, that may be grounds for termination at a later date.

by signing this Appointment Application, I hereby certify that all the information given to Lasso Healthcare by me is true and accurate without any omissions of any kind.

Disclosure

I have executed this Appointment Application as evidence of the understanding and acceptance of, and consent to its terms, and I agree that I will not solicit business until I receive notification from Lasso Healthcare that this acknowledgment has been approved and I have satisfied all the of certification requirements of the products I intend to sell.

I understand that as part of its approval process and throughout the term of my appointment with Lasso Healthcare, Lasso Healthcare may obtain an investigation consumer report to confirm information regarding my character, general reputation, credit history, personal characteristics, mode of living, criminal history, insurance licensing history, Office or Inspector General records and General Service Administrator excluded party records. I hereby authorize Lasso Healthcare to obtain such a report at any time after receipt of this Appointment Application and throughout the term of my appointment with Lasso Healthcare. The scope of this authorization is all-encompassing, allowing Lasso Healthcare to obtain from any outside organization all manner of investigative consumer reports now and throughout my appointment to the extent permitted by law.

I understand that failure to accurately and honestly respond to any of the questions or attestations may result in a declination of my application and appointment with Lasso Healthcare.

Applicant's Signature

Date (MM/DD/YYYY)



**Please return all documents to Ritter
Insurance Marketing for processing.**

**Email to license@ritterim.com or Fax:
888-509-7058.**



RITTER Insurance Marketing®

ACH Authorization Form

Add Delete Change

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Agent NPN: _____

Funds Settlement Information

Checking Savings

Bank Name: _____

Account Owner: _____

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account # _____

_____ (hereinafter referred to as Agent) authorizes Ritter Insurance Marketing (hereinafter referred to as Ritter) to initiate ACH transfer entries and to credit the account identified herein for business relating to contracts with Ritter. This authorization shall remain in effect unless and until Ritter has received written notification from the Agent that this authorization has been terminated in such time and manner to allow Ritter to act. Undersigned represents and warrants to Ritter that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____/_____/_____
Account Owner Signature Date

Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER
SEND TO

FAX: 1-888-509-7058

EMAIL: LICENSE@RITTERIM.COM

MAIL: 2600 Commerce Drive, Harrisburg, PA 17110

This form **MUST** be accompanied by a **Printed Voided Check or Bank Letter**

Ritter Insurance Marketing LLC.
Agent Compensation Agreement – Lasso Healthcare Insurance Company - Level 4 (GA4)

This Agent Compensation Agreement (“Agreement”), effective _____ (“Effective Date”) is for the payment of commissions for Lasso Healthcare Insurance Company, hereinafter referred to as “Insurance Company”. This Agreement is between Ritter Insurance Marketing LLC, hereinafter referred to as (“Ritter”) and _____, hereinafter referred to as (“Agent”). Ritter and Agent are referred to herein individually as a Party and collectively as the Parties.

WHEREAS, Insurance Company is contracted with the Centers for Medicare & Medicaid Services (“CMS”) to offer Medicare Advantage Medical Saving Account (“MSA”) Plans (the “Plans”) to Eligible Medicare Beneficiaries;

WHEREAS, Ritter is contracted with Insurance Company to facilitate the enrollment of Eligible Medicare Beneficiaries into Insurance Company Medicare Products; and,

WHEREAS, Agent desires to solicit, and Ritter desires that Agent so solicit, applications from Eligible Medicare Beneficiaries to enroll in the Plans.

NOW THEREFORE, in consideration of the mutual covenants herein contained and intending to be legally bound hereby, the Parties hereto agree as follows:

General Conditions:

1. By accepting commission payments from Ritter, Agent agrees to all conditions of this Agreement.
2. Agent agrees to submit a copy of the Scope of Appointment (“SOA”) form and other required materials along with the Enrollment form for all self-generated enrollments. Failure to submit SOA and other required materials will result in loss of commission for that enrollment. Additionally, failure to properly collect and submit a SOA is a violation of the Center for Medicare & Medicaid Services (“CMS”) guidelines that may result in disciplinary action up to, and including, termination. As such, Agent agrees to:
 - (a) Obtain the SOA for any one-on-one sales meeting in accordance with the guidelines set forth in the Medicare Communications and Marketing Guidelines or the Insurance Company’s policy, when applicable. If it is not practicable to obtain the SOA in advance, Agent must document the reason following the applicable Insurance Company and/or CMS guidelines.
 - (b) Ensure the SOA, enrollment application, and all such related materials are complete, accurate, and appropriately signed by the eligible Medicare beneficiaries or his/her authorized representative.
 - (c) Submit SOAs and enrollment applications to Ritter immediately but no later than 24 hours upon completion.
3. Agent agrees to allow Ritter and Insurance Company to conduct monitoring activities including Ride Alongs and Secret Shopping activities.
4. Agent agrees to assign any and all commissions related to the enrollment of Eligible Medicare Beneficiaries into Insurance Company plans to Ritter. Ritter shall pay commissions to Agent according to the terms of this Agreement, however, nothing in this Agreement shall be construed to violate the CMS Marketing Guidelines nor shall this Agreement violate the terms and conditions of the Field Marketing Organization Agreement between Ritter and Insurance Company. If there is any conflict between this Agreement and the aforementioned, this Agreement shall be amended to adhere to CMS regulations and to the Field Marketing Organization Agreement terms and conditions.

Assigned Commission to General Agency. Licensed Only Agent (“LOA”) agrees to assign any and all commissions to the General Agency who employs or contracts with the LOA. General Agency will provide Ritter with written documentation that each General Agency’s agent has assigned any and all commission related to the enrollment of eligible Medicare Beneficiaries into Insurance Company to General Agency. For the LOAs who have assigned their commission to General Agency, Ritter shall pay General Agency and General Agency’s downline agents shall be compensated by General Agency according to the Commission schedules in the Agreement, unless the downline agent has agreed with General Agency in writing to an alternative compensation methodology or amount in compliance with applicable law. Ritter reserves the right to pay the LOA directly if the General Agency fails to compensate the LOA.

- (b) Amendments to Comply with Laws and Regulations. Amendments required because of legislative, regulatory or legal requirements do not require the consent of Agent or Ritter and will be effective immediately on the effective date thereof.
 - (c) Prior Agreements. Agent and Ritter agree that this Agreement, including all exhibits, appendices and addenda attached hereto or incorporated into this Agreement by reference, constitutes the entire agreement between Ritter and Agent and will, upon execution by the Parties, supersede any prior agreement, oral or written, between the Parties concerning the subject matter of this Agreement.
24. Governing Law, Forum. This Agreement shall be governed by, and construed, and enforced in accordance with the laws of the Commonwealth of Pennsylvania, unless prohibited by the laws of the state where the policy of insurance is sold, that state's law shall apply, except to the extent such laws conflict with or are preempted by any federal law, in which case such federal law shall govern. The parties agree that with respect to any disputes, actions, suits or proceedings arising in connection with this Agreement venue will be in the Commonwealth of Pennsylvania in either the federal district court or the court of common pleas located in Dauphin County.

IN WITNESS WHEREOF, the Parties have executed this Agreement to be signed by their duly authorized representatives as of the Effective Date.

Ritter Insurance Marketing, LLC



By: _____
 Name: Craig J. Ritter
 Title: President
 Date: _____

 By: _____
 Name: _____
 Title: _____
 Date: _____

Exhibit A

2019 COMMISSION SCHEDULE

I. Arizona, Arkansas, Delaware, Hawaii, Illinois, Indiana, Kansas, Maryland, Mississippi, Montana, North Carolina, North Dakota, South Dakota, Texas, Utah, Wyoming Service Area:

New to Medicare (enrolled during the Initial Coverage Election Period (ICEP) or Annual Enrollment Period (AEP) – Initial (From Original Medicare or New to Medicare, determined by CMS).

| Level | Title | 2019 Year 1 | | | Renewal Years 2 Plus (Paid Monthly) * |
|-------|-------|-------------|--------------------|----------|--|
| | | Commission | Administrative Fee | Total | |
| 4 | GA4 | \$482.00 | \$ 0.00 | \$482.00 | Up to 50% of Current FMV |
| 3 | GA3 | \$432.00 | \$ 0.00 | \$432.00 | Up to 50% of Current FMV Less \$ 25.00 |
| 2 | GA2 | \$382.00 | \$ 0.00 | \$382.00 | Up to 50% of Current FMV Less \$ 50.00 |
| 1 | GA1 | \$332.00 | \$ 0.00 | \$332.00 | Up to 50% of Current FMV Less \$ 75.00 |
| 0 | LOA | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

External Replacement – Renewing MA and New to Lasso (enrolled during AEP) - Replacement commissions excluding replacement of Insurance Company Individual Medicare Advantage MSA Plan (as defined by CMS).

| Level | Title | 2019 Year 1 | | | Renewal Years 2 Plus (Paid Monthly) * |
|-------|-------|-------------|--------------------|----------|--|
| | | Commission | Administrative Fee | Total | |
| 4 | GA4 | \$241.00 | \$ 0.00 | \$241.00 | Up to 50% of Current FMV |
| 3 | GA3 | \$216.00 | \$ 0.00 | \$216.00 | Up to 50% of Current FMV Less \$ 25.00 |
| 2 | GA2 | \$191.00 | \$ 0.00 | \$191.00 | Up to 50% of Current FMV Less \$ 50.00 |
| 1 | GA1 | \$166.00 | \$ 0.00 | \$166.00 | Up to 50% of Current FMV Less \$ 75.00 |
| 0 | LOA | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

Internal Replacement – Renewing MA and Renewing Lasso (enrolled during AEP) – Replacement commissions for replacement of Insurance Company Individual Medicare Advantage MSA Plan (as defined by CMS).

| Level | Title | 2019 Year 1 | | | Renewal Years 2 Plus (Paid Monthly) * |
|-------|-------|-------------|--------------------|----------|--|
| | | Commission | Administrative Fee | Total | |
| 4 | GA4 | \$241.00 | \$ 0.00 | \$241.00 | Up to 50% of Current FMV |
| 3 | GA3 | \$216.00 | \$ 0.00 | \$216.00 | Up to 50% of Current FMV Less \$ 25.00 |
| 2 | GA2 | \$191.00 | \$ 0.00 | \$191.00 | Up to 50% of Current FMV Less \$ 50.00 |
| 1 | GA1 | \$166.00 | \$ 0.00 | \$166.00 | Up to 50% of Current FMV Less \$ 75.00 |
| 0 | LOA | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

* Current Fair Market Value (FMV) established by CMS during compensation cycle year 2 and beyond. Renewal compensation may be paid up to fifty (50) percent of the Current FMV, published by CMS annually. Future administrative fees subject to change.

II. Pennsylvania Service Area:

New to Medicare (enrolled during the Initial Coverage Election Period (ICEP) or Annual Enrollment Period (AEP) – Initial (From Original Medicare or New to Medicare, determined by CMS).

| Level | Title | 2019 Year 1 | | | Renewal Years 2 Plus (Paid Monthly) * |
|-------|-------|-------------|--------------------|----------|--|
| | | Commission | Administrative Fee | Total | |
| 4 | GA4 | \$542.00 | \$ 0.00 | \$542.00 | Up to 50% of Current FMV |
| 3 | GA3 | \$492.00 | \$ 0.00 | \$492.00 | Up to 50% of Current FMV Less \$ 25.00 |
| 2 | GA2 | \$442.00 | \$ 0.00 | \$442.00 | Up to 50% of Current FMV Less \$ 50.00 |
| 1 | GA1 | \$392.00 | \$ 0.00 | \$392.00 | Up to 50% of Current FMV Less \$ 75.00 |
| 0 | LOA | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

External Replacement – Renewing MA and New to Lasso (enrolled during AEP) - Replacement commissions excluding replacement of Insurance Company Individual Medicare Advantage MSA Plan (as defined by CMS).

| Level | Title | 2019 Year 1 | | | Renewal Years 2 Plus (Paid Monthly) * |
|-------|-------|-------------|--------------------|----------|--|
| | | Commission | Administrative Fee | Total | |
| 4 | GA4 | \$271.00 | \$ 0.00 | \$271.00 | Up to 50% of Current FMV |
| 3 | GA3 | \$246.00 | \$ 0.00 | \$246.00 | Up to 50% of Current FMV Less \$ 25.00 |
| 2 | GA2 | \$221.00 | \$ 0.00 | \$221.00 | Up to 50% of Current FMV Less \$ 50.00 |
| 1 | GA1 | \$196.00 | \$ 0.00 | \$196.00 | Up to 50% of Current FMV Less \$ 75.00 |
| 0 | LOA | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

Internal Replacement – Renewing MA and Renewing Lasso (enrolled during AEP) – Replacement commissions for replacement of Insurance Company Individual Medicare Advantage MSA Plan (as defined by CMS).

| Level | Title | 2019 Year 1 | | | Renewal Years 2 Plus (Paid Monthly) * |
|-------|-------|-------------|--------------------|----------|--|
| | | Commission | Administrative Fee | Total | |
| 4 | GA4 | \$271.00 | \$ 0.00 | \$271.00 | Up to 50% of Current FMV |
| 3 | GA3 | \$246.00 | \$ 0.00 | \$246.00 | Up to 50% of Current FMV Less \$ 25.00 |
| 2 | GA2 | \$221.00 | \$ 0.00 | \$221.00 | Up to 50% of Current FMV Less \$ 50.00 |
| 1 | GA1 | \$196.00 | \$ 0.00 | \$196.00 | Up to 50% of Current FMV Less \$ 75.00 |
| 0 | LOA | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

* Current Fair Market Value (FMV) established by CMS during compensation cycle year 2 and beyond. Renewal compensation may be paid up to fifty (50) percent of the Current FMV, published by CMS annually. Future administrative fees subject to change.