



I, _____, am requesting a transfer
Name of transferring General Agent or Agent

From _____
Name of current RSD, MGA, GA

To _____
Name of new RSD, MGA, GA

I understand that:

- No transfer to another Time Insurance Company arrangement will be approved within 180 days of the initial appointment or date the last transfer was effective.
- This transfer will not go into effect until a date selected and approved by the Company which will follow the receipt of proper notification by the current arrangement.
- Any applications solicited prior to the date approved by the company will be credited to my current arrangement, i.e. the "From" relationship listed above.
- I understand and agree that any business written under my current arrangement will not be transferred or moved to my new arrangement in any manner. This includes requests from policy owners for a new agent.
- I understand that my total compensation as a general agent or agent on individual major medical business will not exceed ____%. (This includes any incentive bonus, reimbursements for leads or any other forms of reimbursements).

Failure to comply with the rules stated above will be deemed a violation of the Company's policies and an act harmful to the best interests of the Company. This will result in immediate termination for cause of my general agent or agent arrangement with Time Insurance Company and forfeiture of any remaining first year and/or renewal commissions.

Signature of Transferring General Agent/Agent

Date Signed

Home Office Use only:

Date Received in LCS	Initials	Date Received in Sales	Initials	Notification Date	Initials	Transfer Date	Initials

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201



1. Agents must remain in their current arrangement for 180 days before a transfer request will be considered.
2. New agents (license received within 90 days of first Time Insurance Company appointment) will not be transferred for one year from their start date with Time Insurance Company. (General Agent/MGA must notify Agent License and Contract Support of new agents by completing the Initial License Notification Form and submitting it with appointment paperwork.)
3. Agent Transfer Requests must be submitted through the new arrangement using Agent Transfer Form GA-AGT Transfer 5-04. Incomplete forms will be returned.
4. We will notify the current RSD, MGA or GA of an agent's intent to transfer when we receive a properly completed transfer form.
5. The effective date of the transfer will be the date established by the Company.
6. Company paid-direct agents with an outstanding debit balance will not be transferred until it is resolved or the new arrangement agrees to assume it and have it transferred along with the agent.
7. We will not transfer any business written through the current arrangement.
8. Transfer requests for agents appointed through a National Account marketing arrangement will not be honored.
9. You may download all forms and appointment paperwork from the Assurant Health web site at www.healthsales.us.fortis.com.
10. Send transfer requests to:

Assurant Health Agent License & Contract Support
P.O. Box 3183
Milwaukee, WI 53201-3183
or
FAX requests to 414-299-8471

Individual Medical Compensation Rules

1. A General Agent may not transfer for higher commission than they have qualified for.
2. No General Agent may receive more than 25% in total first year commission.
3. No Producer or Writing Agent level may receive more than 20% in total first year commission.
4. A General Agent paid at 25% first year must have a commitment letter for the appropriate production requirement.
5. No cash reimbursements for leads, expenses, contests or incentives are permitted without prior RVP approval.

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Time
Insurance