

TO: MetLife  
**Corporate Licensing and Registration - LTC**  
 500 Schoolhouse Rd. Johnstown, PA 15904  
 Fax 814-269-8164  
 Please direct phone call inquires to 888-776-3882, prompt 3



**Long-Term Care**

Rev 10

<b>LTC Appointment Form</b>		Requesting Appointment For: MGA <input type="checkbox"/> AGA <input type="checkbox"/> GA1 <input type="checkbox"/> Broker <input type="checkbox"/>	
Broker Name (Last, First, MI)		Social Security #	Date Of Birth
Agency Name		Tax ID #	
Home Address	City/State/Zip Code	Broker Phone/Email	
Business Address	City/State/ Zip Code	Business Phone/Email	
MGA Licensing Contact:	MGA Telephone:	EMAIL Address of MGA Licensing Contact	

Please Check Here if you have submitted business for this broker:  If so, when \_\_\_\_\_

*\* The NAIC Producer Licensing Model Act requires that if the upline is involved in the sale, solicitation or negotiation of an insurance product, the upline must be licensed in the state where the sale is made, for any unchecked box proper licensing will be required. \**

Check off MGA  AGA  GA1  if they will not be known by the applicant to be involved in the sale.

**INSURANCE LICENSING/APPOINTMENTS:**

STATES: Please circle each state you are requesting appointment in. Please ensure you attach the appropriate state license and certification for each state.

AL AK AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

FLORIDA NON-RESIDENT MUST LIST COUNTIES \_\_\_\_\_

COMMENTS:

**Indicate Who Commissions are payable to:**

Name	Tax ID or SS#
Principal Officer Name (if applicable)	Principal Officer SS # : (if applicable)

**Indicate Where Commissions are mailed:**

\* Please note – if no information is listed – we will default to using the MGA mailing address \*

Name:	
Address:	City/State/Zip Code:

**Check off who Policies are mailed to: MGA , AGA , GA1 , Broker  or address listed below:**

Name:	
Address:	City/State/Zip Code:

Background Checks **are required for appointment requests in the following states, and at MetLife's discretion:** AL, DC, FL, GA, MA, MS, OH, OK, NC, PA, and WV. **Background checks lengthen the appointment process.**

**Pre-Appointment States (GA, KS, KY, LA, MI, MT, NJ, NC, ND, PA, TX, UT, WA, WI):** A producer must be appointed with an insurance company PRIOR to sitting down with clients to fill out an application. This means that the effective date of the appointment must be earlier than the date that the client signs the application for LTCI.

**Non-Pre-Appointment States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, ME, MD, MA, MN, MO, MS, NE, NM, NY, NV, NH, OH, OK, OR, RI, SC, SD, TN, VT, VA, WV, WY):** A producer is allowed to submit his/her appointment paperwork and state license with the first LTC application.

**Appointment Status:** Producer numbers and effective dates, as well as requests for missing or updated paperwork, will be emailed to the licensing contact listed above.

I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife (hereafter referred to as "The Company") may conduct investigations in connection with my request to represent The Company in the solicitation of certain insurance products. I hereby consent to The Company requesting and obtaining all information as discussed in this paragraph and for all such reports to be requested by and provided to The Company. I understand that a routine inquiry may be made as to a requirement for state appointment. If applicable, The Company may obtain reports from a consumer reporting agency, an investigation report or inquiries from the State Insurance Department. Any information that The Company obtains about me will be treated as confidential. FAIR CREDIT REPORTING ACT – as part of its regular procedures, The Company may obtain an investigative consumer report. It may deal with character, reputation, personal traits, and lifestyle. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the above. I understand that if any of the material information I provided is found to be incorrect or incomplete, it may be grounds for my immediate termination at the discretion of The Company.

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MGA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For MGA, AGA or GA1 Use Only:**

List the following hierarchy information along with the compensation level that is applicable. (e.g. G1, etc.):  
 \* Please note if a compensation level is not indicated, the comp level will default to the **basic broker level.** \*

MGA:		Principal Officer (P/O):
AGA:	(Comp Level):	Principal Officer (P/O):
GA1:	(Comp Level):	Principal Officer (P/O):
Broker:	(Comp Level):	

**For MetLife Use Only: Brokerage Unit – Cost Center - 22338**

**Due Diligence:**  Approved  Pending  Declined \_\_\_\_\_

**Status:**  Appointment Processed  Insufficient Information  Declined: \_\_\_\_\_  
 (Eff Date: \_\_\_\_\_)

If Insufficient information, check off reasons:

- Still active with another distribution channel (MLFS, NEF, etc).
- No Broker Appt form submitted
- Incomplete Appointment Form
- Need license copy. List states: \_\_\_\_\_
- Expired/ terminated licensed submitted
- Continuing education credits missing. List states: \_\_\_\_\_
- Other: \_\_\_\_\_

Broker ID # \_\_\_\_\_ Coded By \_\_\_\_\_ Date Coded: \_\_\_\_\_

GA1 DAI #: \_\_\_\_\_ GA2 DAI# \_\_\_\_\_

MGA DAI #: \_\_\_\_\_ AGA DAI# \_\_\_\_\_