

TO: MetLife
 Corporate Licensing and Registration - LTC
 500 Schoolhouse Rd. Johnstown, PA 15904
 Fax 908-552-2444
 Please direct phone call inquiries to 888-776-3882, prompt 3



Long-Term Care

Rev 14

LTC Appointment Form *Only to be submitted with LTC business or for pre-appointment states*

Broker Name (Last, First, MI):	SSN:	Date Of Birth:
Agency Name:	EIN:	
Home Address:	Broker Phone/Email:	
Business Address:	Business Phone/Email:	
MGA Licensing Contact: <i>Victorson Assoc.</i>	MGA Telephone: <i>631-265-7456</i>	EMAIL Address of MGA Licensing Contact: <i>lindad@victorson.com</i>

*As defined by the NAIC regulations, certain states allow the payment or the assignment of commissions or other compensation to an unlicensed entity who is not involved in the sale, solicitation, or negotiation of an insurance product. If the entity above will be known to the applicant, then a license and all state requirements are **always** required. If the entity above will not be known to the applicant, then a license and all state requirements are **only** required if the state has **not** adopted the NAIC model act.*

The undersign certifies that the entities checked are known to the applicant. MGA AGA GA1 GA2 Payee

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 _____

Indicate Who Commissions are payable to and where the statements should be mailed. Commission payments will be Direct Deposited. Please fill out the Direct Deposit form.

* Please note – if no information is listed – we will default to using the broker as the payee and for mailing *

Name:	SSN or EIN:
Principal Officer Name (if applicable):	Principal Officer SSN : (if applicable)
Address:	City/State/Zip Code:

Indicate Where Policies and Correspondence are mailed:

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

Name: <i>Victorson Associates Inc.</i>	City/State/Zip Code:
Address: <i>321 Middle Country Rd P.O. Box 863</i>	<i>Smithtown, N.Y. 11787</i>

Please Note: need LTC partnership training certificate

Background Checks are required for appointment requests in the following states, and at MetLife's discretion: AL, AR, CA(only at initial appointment), DC, DE, FL, GA, KS, KY, MI, MN, MS, NM, NC, ND, NY, OH, OK, PA, SC, TN, UT, WA, WV, WI, and WY. Please keep in mind that background checks lengthen the appointment process.

Appointment Status: Producer numbers, comp levels and appointment 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: X Date: _____

MGA's Signature: _____ Date: _____

For MGA, AGA, GA1 or GA2 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:	Comp Level	Writing Code	Principal Officer (PO) Name and SSN:
AGA:	Comp Level	Writing Code	Principal Officer (PO) Name and SSN:
GA1:	Comp Level	Writing Code	Principal Officer (PO) Name and SSN:
GA2:	Comp Level	Writing Code	Principal Officer (PO) Name and SSN:
Broker:	Comp Level	Writing Code	

For DI – LTC Use ONLY:

Please list your DI Representative : _____

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

Due Diligence: Approved Pending Declined _____

Status: Appointment Processed Insufficient Information Declined: _____
 (Eff Date: _____) Paced: _____

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: _____

MetLife Long-Term Care
Direct Deposit Form for LTCI Commissions
Please note this form is for LifeStage Advantage and VIP1/VIP2 policy series only.

Section I – Whose commissions are being set up for direct deposit

Broker/Entity Name _____

SS#/Tax ID# _____

Payee Name and SS#/Tax ID# (if different than above) _____

Code _____

(Important: If you write LTC business under more than one code, please list all codes that you write under, where you would like direct deposit)

Section II – Direct Deposit Information

Check off one: _____ Initial set up _____ Account Change

Routing Number (9 digits) _____ Account Number _____

Section III – Authorization

I hereby authorize Metropolitan Life Insurance to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated on the form, and the Bank indicated by the Transit Number on this form to credit and/or debit the same to such account. Credits and debits will occur per the normal schedule. The authority is to remain in full force and effect until Metropolitan Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

~~X~~ _____
Signature of Account Holder

_____ Date

Name and Contact Information (phone number and email): _____

MGA/GA Name: (if applicable) _____

Please mail completed form to: MetLife LTC, P.O. Box 5716, Hopkins, MN 55343-5716 or fax to 1-952-918-5086

Set up for direct deposit will take up to two weeks. Questions? Please call 888-565-3761