



Empower Brokerage Individual Medical

Lead Partnership Co-op Program



I _____, agree to participate in the Empower Brokerage/Individual Medical Lead Partnership Telemarketed Lead co-op program. This program is designed to assist the agent in generating leads for Individual Medical sales. Empower Brokerage can not guarantee the response rate. Agent must be appointed through Empower Brokerage in order to participate in this co-op program.

Co-op Details:

1. **Cost:** \$20 per lead, 20 lead order minimum.
2. **Reimbursement:** Upon the sale and issue of 5 Individual Medical policies agent will be provided 20 additional telemarketed leads at \$10 per lead, which is half of the original cost. Upon the sale and issue of 10 Individual Medical policies agent will be provided 20 additional telemarketed leads at no additional cost. *In order to qualify for reimbursement all sales resulting from leads must occur within 90 days of agent taking possession of lead. Not all products will qualify as credit for this program equally.*
3. **Lead Possession:** Agent will have sole possession of lead for 90 days. If no sale has occurred as a direct result of this lead, it becomes the possession of Empower Brokerage.

Requirements for maintaining co-op participation:

1. Empower Brokerage reserves the exclusive rights to discontinue this program at our discretion for any participant not meeting guidelines.
2. Empower Brokerage grants the agent exclusive rights to the lead for a 90 day period. Any lead not resulting in a sale after 90 days may be redistributed by Empower Brokerage.
3. The participating Agent agrees to submit Lead Tracking forms weekly. Updating us your progress with the leads we have provided.
4. The participating Agent agrees to contact each lead provided by Empower Brokerage in a timely manner. This timeframe is defined to be the same day of receipt of the lead.
5. The participating Agent agrees to prioritize and utilize the individual medical leads provided weekly by Empower. "Exclusively" writing thru appointed insurance carriers represented by Empower Brokerage.
6. The participating Agent agrees to notify Empower Brokerage of each application for application credit and tracking purposes daily.
7. The participating Agent agrees to submit all applications to Empower Brokerage for application credit and tracking purposes at (Fax 817-306-2357).

Name _____ Date _____

Signature _____
By Signing above I agree to all guidelines and requirements of Empower Brokerage's IM Lead Partnership Co-Op program.

Payment Information: Number of Leads ordered: _____ Total Charge on Card: _____

Name on Credit Card: _____ Credit Card Company Name: _____

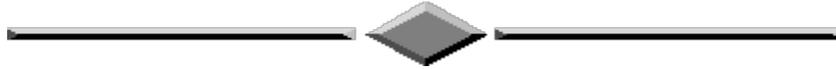
Credit Card Number: _____ Security Code (3 digit code on back of card): _____

Expiration Date on Card: _____ Authorized Signature: _____



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If you have any questions you may contact Jeff Hess at 1-877-437-5010 at ext. 2584.

1. Agent Name: _____

2. Agency Name: _____

3. Address: _____

4. Telephone Number for Prospect to contact you: _____

5. Email Address: _____

6. Please choose 3 counties. Leads will be prospected in these areas:

Empower will use these areas as your choice as to where you want the telemarketed leads targeted. Empower will exhaust all efforts for leads to be assigned in these areas. In some cases neighboring zip codes will have to be used in addition to your choices to meet the number of prospects needed.