



SENIOR LIFE INSURANCE COMPANY

Credit Card Authorization

IMPORTANT: You must currently have an active state license with a Life line of authority in order to write business with Senior Life. If you do not have an active license or a Life line of authority, please visit www.nipr.com.

Agent Name : _____ Agent Number : _____

Phone Number: _____ Date: _____

JUST IN TIME STATES & APPOINTMENT FEES

Appointment fees listed below are a one-time fee which are charged to your account when the first policy issues in one of the states listed below.

State	Fee	State	Fee	State	Fee
AK Alaska	\$0.00	IN Indiana	\$0.00	NM New Mexico	\$22.25
AL Alabama	\$42.25	KS Kansas	\$7.25	NC North Carolina	\$12.25
AR Arkansas	\$0.00	KY Kentucky (Resident)	\$42.25	ND North Dakota	\$12.25
AZ Arizona	\$0.00	KY Kentucky (Non Resident)	\$52.25	OH Ohio	\$17.25
CA California	\$34.25	LA Louisiana	\$32.25	OK Oklahoma	\$32.25
CO Colorado	\$0.00	MA Massachusetts	\$75.00	OR Oregon	\$0.00
DE Delaware	\$52.25	MD Maryland	\$0.00	RI Rhode Island	\$0.00
DC District of Columbia	\$27.25	MN Minnesota	\$32.25	SC South Carolina	\$0.00
GA Georgia	\$18.25	MO Missouri	\$0.00	TN Tennessee	\$17.25
HI Hawaii	\$0.00	MS Mississippi	\$27.25	TX Texas	\$12.25
ID Idaho	\$0.00	MT Montana	\$0.00	VA Virginia	\$12.25
IL Illinois	\$0.00	NE Nebraska	\$19.25	WV West Virginia	\$27.25
		NV Nevada	\$17.25		
		NJ New Jersey	\$27.25		

REQUIRED STATE APPOINTMENT FEES

The following states must have the appointment fee PAID UPFRONT before you are able to write business in the state. You must still be actively licensed in any of the states selected below in order for us to process your appointment.

State	Fee	State	Fee	State	Fee
<input type="checkbox"/> MI Michigan	\$7.25	<input type="checkbox"/> PA Pennsylvania	\$17.25	<input type="checkbox"/> UT UTAH	\$0.00
<input type="checkbox"/> FL Florida (State Fee)	\$61.98	Sub Total: _____			
<input type="checkbox"/> FL Florida (County Fee)	\$6.20	3.5% Convenience Fee: _____			
		Total: _____			

Credit Card Transactions

I, _____ (cardholder only) Hereby authorize to Senior Life Insurance Company to charge my ___ VISA ___ MC(choose one) as payment for the above fee(s), Including the 3.5% convenience fee.

TOTAL CHARGE \$ _____ Credit Card Account #: _____

Cardholder Name as it appears on Credit Card: _____

Security Code: _____ (three digits found on the back of your credit card) Exp. Date: _____

Billing Address: _____ Zip Code: _____

Cardholder Signature: _____ (To be signed by cardholder only)