



Kansas City Life Insurance Company | Group Benefits Group Broker Contract

(Group Broker Name – Please Print)

This contract is between Kansas City Life Insurance Company and the Group Broker named above. As used in this contract, "you" refers to the Group Broker, and "we" refers to Kansas City Life Insurance Company.

On the terms set out in this contract, you are invited to solicit premium quotes from us for life, disability, vision or dental insurance coverage of employer or other legally recognized groups who are your clients and customers. You are authorized to deliver any insurance policy that we issue, and to accept and remit to us the first premium for coverage. It is entirely within our discretion whether to issue an insurance policy or insurance certificate, and to change or discontinue any product or service at any time.

You are not authorized to, and will not: tell your clients or anyone else that you are our agent; collect renewal premiums; modify our insurance contracts; bind us to coverage; nor do any other act on our behalf except as expressly set out in this contract.

You are not our agent or our employee. You represent your clients, and do not represent us. You control the number of hours you work and your schedule, pay your own expenses and are responsible for your own federal, state and local taxes, assessments and fees of all kinds, and for income tax withholding.

We will pay you commissions based on premiums we receive from your clients, so long as you are properly licensed and the policy owner designates you as its agent of record. If, in our sole judgment, you do not provide adequate services to your clients, we may ask policy owners to designate a new agent of record who is a licensed insurance producer. In that event, we will pay commissions to the new agent of record. You will return any commissions that are based on premiums which we have refunded for any reason. We may offset any indebtedness of you to us from commissions otherwise payable to you.

Commissions will be separately negotiated for each group policy you place. We may change those commissions at any time. We will notify you in advance of any change. Changes will become effective upon policy renewal. You may not assign commissions without our approval.

We or you may terminate the contract without cause or for cause, by written notice mailed to the other party's last known address. This contract will automatically terminate upon your death. If you are a corporation or a partnership, it will terminate upon your dissolution. This contract also will automatically terminate if you have not submitted any request for quotes to us in any 24-month period.

You will notify us promptly if you or your client receives any written complaint or lawsuit relating to our insurance policy from any certificate holder, beneficiary or state or federal regulator, and will provide us a copy of same. You will cooperate with us, and will use your best efforts to cause your clients to cooperate with us, during and after the contract term, to investigate and respond to such complaint and/or defend such lawsuit.

This is the entire contract between you and us. The contract may not be modified except in writing signed by both parties.

Signed and effective at Kansas City, Jackson County, Missouri on:

Date: _____
(Date to be completed by Kansas City Life Home Office Associate)

Kansas City Life Insurance Company:

By: _____
(Signed by Kansas City Life Home Office Associate)

Group Broker:

By: _____
(Signed by Group Broker – Please complete this line only.)

(Agency Number – Only if applicable)