

GO TELEMARKETING™
Medicare Leads Order Form



7000 Independence Pkwy, Suite 160-202
Plano, TX 75025

Office: 1-888-313-7313 · Fax: 1-888-400-0799

Please fax the completed form to Order Processing Department at: 1-888-400-0799

Agent's Name: _____ Agent's Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax#: _____

Phone Leads Appointments Desired Income Level: 0-14 0-30 30-Up Other: _____

Please select only one (services are subject to different rates)

Medicare Supplement Medicare Supplement Health Screening Filter

Medicare 64-65 Medicare Dual Eligible

Medicare Special Needs

Special Note: 64-65 Appointments will include seniors of all income levels (i.e 0-49k)

Desired State for leads: _____ Desired Counties: _____

Date of Appointments to start: ____/____/____

of Leads requested: 10 20 30 50 (other) _____

Desired days to work: Mon. Tue Wed Thurs Fri Sat

of Appointments requested per day: _____

Appointment Start time: ____:____ AM PM (**circle**)

Time in between Appointments: 30 minutes 1 hour 1 ½ hours 2 hours

COMMENTS: _____

GO TELEMARKETING™
Medicare Leads Service Agreement

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Thank you for requesting pre-set appointments and phone leads. Go Telemarketing™ (GT) starts every new Agent/Broker relationship with an agreement. This Agreement spells out what you can expect from us, and what we expect from you.

There are some important points we would like to address regarding our services. You must Read and Agree to the GT terms and conditions including any future amendments (collectively, the "Agreement") prior to placing your order request:

All orders are subject to the following Terms and Conditions:

GT GUARANTEES: In case GT receives a report of a "non scheduled lead" GT guarantees to provide the client with the telephone conversation recording; otherwise the "deficient" Lead will be replaced with no questions asked.

REPLACEMENT POLICY

You understand and agree Go Telemarketing™ will not replace the following appointments:

- The Agent calls the appointment ahead in which can result in lead changing their mind.
- Leads that miss the appointment or is not at home at the scheduled time.
- Leads changed their mind at the door.
- Incorrect Income level of lead - GT cannot guarantee the current income level of the lead supplied.
- If a "bad" appointment with a detailed description has been forwarded to GT Quality Control for review **after** 24 hours of the agent running the appointment.
- No Replacement Policy applies for a "Referral Phone Lead"

All Leads are based on a recorded telephone conversation where the information GT receives are verified for accuracy. GT believes that it has compiled and developed high value information and appointment setting service, however, the Leads are provided on an "as is" basis. Customer agrees and acknowledges that GT shall not be liable for any loss or injury caused in whole or in part by contingencies beyond its control. GT obtain their leads through a private vendor generation service. GT is not required to provide vendor generation information to the Agent. Each month our leads are scrubbed against the FTC and State Attorney General Do Not Call lists. At the time of purchase, all consumer leads with phone numbers are privacy-compliant. Over time, people may add themselves to the Do Not Call list and it is ultimately the responsibility of the client to remove these names before calling. GT's 64-65 appointments are specifically designed for agents selling both Medicare Advantage and Supplement products simultaneously. The income levels for the 64-65 pre-sets will encompass all incomes and cannot be divided. GT will not refund any amounts paid for the Leads. In the event a Lead is flawed because the person does not live at the address given or the appointment has not been set, a replacement Lead will be provided to the Buyer, provided, however, that Buyer must provide written notice of the flaw to GT within twenty four (24) hours of the appointment and GT must concur that such Lead was flawed. GT uses a third party verification service to investigate any such flawed Leads. A false claim of a flawed Lead will be deemed an event of default under this Agreement. Replacement Leads will not be given in the event the subject of the Lead: changes their mind at the time of call ahead or 'at the door'; misses the appointment or are not home at the appointed time; have an existing insurance plan; mistakenly assumed they would be receiving a call from the Medicare or Social Security office; or if the Buyer fails to give notice within the time period specified above.

Agent Responsibility

Every sales agent involved in the solicitation, selling, or negotiation of insurance must have a State issued license. Insurance sales agents must obtain a license in the States where they plan to work. Separate licenses are required for agents to sell life and health insurance. GT does not require agent to provide their license (s) information to purchase pre-set appointments or phone leads. Agent is responsible to obtain prior permission/approval (if required) from their carrier (s) and/or insurance agency. GT is not responsible nor will refund any amount of services rendered if agent does not follow their carrier or agency guidelines and requirements.

Please Double Check

Sometimes faxed orders are not clear. It is imperative to double check your schedule attached prior to making a payment. Please verify if the following is correct prior to submitting your order:

- Type of Appointments
- Schedule
- Territory (city or county)
- Income level
- Special Request
- Contact information (including your email address)

If there are any errors, please send an email immediately to the Order Processing Manager. Once we have verified your desired schedule for the week and you have made a payment you cannot change or stop your confirmed order schedule until it's fulfilled or until your reorder is placed. *GT will accept all types of payments for repeating clients.* GT must receive payment for any purchased Leads prior to the distribution of the same to the Buyer. Payment shall be in a form acceptable to GT; the existing forms of payment that are acceptable are: check, money order, carrier check or cashier's check. All forms of payments must be received no later than Wednesday to start orders for the following week. Personal check payments may delay processing for 5-7 days.

Arbitration Clause: Any dispute between GT and the Buyer, claim or controversy arising out of or relating to this Agreement or the breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration to take place in Collin County, Texas. The parties agree that the dispute shall be submitted to binding arbitration under the rules issued by the American Arbitration Association. The decision of the arbitrator shall be final. Allocation of Fees and Costs: A Judgment on the Award may be entered in any court having jurisdiction. If an "Award" is awarded to either party the Arbitrator may allocate all of the costs of the arbitration, including the fees of the arbitrator and the reasonable attorneys' fees of the prevailing party. Arbitration conducted hereunder shall take place in Collin County, Texas.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY LEGAL ACTION.

Go Telemarketing TM offers services that are subject to the terms and conditions set forth herein requiring full compliance on the part of the Agent. If you are in non-agreement to any terms and conditions disclosed in this agreement, discontinue using this site for info or placing an order. By your acceptance of proceeding with placing an order and usage of this service for any purpose including order purchases is regarded as your agreement to the terms and conditions stated above and are legally binding between us.

**By signing below, you are acknowledging you have read and you are in agreement to
Go Telemarketing TM Terms and Conditions.**

Agent Signature: _____ **Date:** _____

Please Print Agents Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Cell #:** _____