



# METAL GAP

Underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National Life Insurance Company, Inc. is a member of The IHC Group, an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 30 years. For information on The IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com).





**Your major medical plan could leave you responsible for as much as \$6,350<sup>1</sup> in out-of-pocket expenses in the case of a serious accident or illness. Metal Gap offers options to complement your health plan in the event of a covered illness or accident.** Accident and critical illness benefits allow you to focus on your number one priority—getting better. Metal Gap provides benefits for covered accidents up to the selected maximum amount, minus the deductible, or the actual expense you incur, whichever is less. It also provides a lump sum payment for covered illnesses and accidents that is paid directly to you, and can be used for anything you choose, including:

- Out-of-pocket expenses
- Prescriptions
- Experimental procedures
- Living expenses
- Lost wages

**Life insurance can provide financial protection for your family, should the worst happen to you. But what if a serious accident or illness leaves you unable to work, and unable to pay your medical bills?**

Because you can use your lump sum benefit from a covered Metal Gap claim in any way you see fit, it can even cover things like car or mortgage payments, or helping your children pay for their college tuition.

Critical illnesses and serious accidents are frightening enough before they leave you with the financial fallout of reaching your deductible or medical treatments your major medical policy doesn't cover.

<sup>1</sup> Based on 2014 maximum out-of-pocket allowable on an ACA-compliant plan.

# Metal Gap Plans

Benefits	Plan A	Plan B	Plan C
Supplemental Accident <sup>1</sup>	\$3,500	\$6,350	\$6,350
Critical Illness <sup>2</sup>	\$7,500	\$7,500	\$7,500
Accidental Death & Dismemberment	No	No	\$10,000
First Day Hospital Confinement	No	No	\$500
Daily Hospital Confinement 1-10 Days (in addition to First Day)	No	No	\$500
Rx Discount <sup>3</sup>	Yes	Yes	Yes
Vision Discount <sup>3</sup>	Yes	Yes	Yes
CA eNewsletter <sup>3</sup>	Yes	Yes	Yes

<sup>1</sup>After the deductible (Plan A: \$250 deductible and Plan B and C: \$500 deductible), benefits are payable for medical expenses incurred as the result of a covered accident, up to the selected maximum amount, minus the deductible, or the actual expense you incur, whichever is less.

<sup>2</sup>Critical Illness coverage only applies to the primary insured and their spouse, if also a covered person.

<sup>3</sup>This is a membership benefit and not an insurance benefit.

Covered critical illnesses include: life-threatening cancer, heart attack, kidney failure, stroke, coma, coronary artery bypass, loss of sight, speech or hearing, major organ transplant, paralysis and severe burn. The percentage of the benefit paid varies based on the illness diagnosed. Critical illnesses diagnosed in the first 30 days of coverage will have the lesser of a \$500 benefit or 10 percent of the amount that it would have paid for the condition if first diagnosed more than 30 days after the insured person's effective date. Refer to the Certificate of Insurance for complete definitions and diagnostic requirements of each covered critical illness. The amount payable will be reduced by 50 percent if the insured person is age 65 or older on the date a benefit becomes payable. Coverage terminates at age 70.

Accident and Critical Illness coverage terminates at age 70. Hospital Confinement coverage terminates at age 65.

## Exclusions

### Pre-Existing Conditions Definition and Exclusion

Benefits for inpatient hospital confinement and Critical Illness coverage are subject to the pre-existing condition limitation.

A pre-existing condition is a disease, accidental bodily injury, illness or physical condition for which a covered person had treatment, incurred a charge, took medication or received a diagnosis or advice from a doctor during the 12-month period immediately preceding the covered person's coverage effective date. Benefits are payable for a pre-existing condition after the person has been covered under the policy for 12 consecutive months. For the hospital confinement benefit, this does not apply to a newborn or newly adopted child placed for adoption under age 18 if such child is enrolled for coverage within 31 days from the date of birth or date of adoption or placement for adoption.

### Critical Illness Insurance Coverage

*The following services are NOT covered under the Metal Gap Critical Illness benefit and are a partial listing of exclusions. For a complete list of limitations and exclusions, please see the certificate of coverage.*

The plan does not provide any benefits for charges, treatment, services, or supplies for, or related to: Self-inflicted injury or sickness; suicide or attempted suicide; using drugs; committing a crime; participation in any riot or war; illness specifically excluded from the definition of any Critical Illness.

## Accident Medical Expense and Death and Dismemberment Insurance Coverage

*The following services are NOT covered under the Metal Gap Accident benefit and are a partial listing of exclusions. For a complete list of limitations and exclusions, please see the certificate of coverage.*

**Treatment which is:** Not medically necessary; experimental/investigational; not prescribed by a Physician; received without charge; received from persons employed or retained by the Policyholder or any Family Member; or a hernia.

**Injury received as a result of:** war; active duty service; traveling or flying by air, except as a fare paying passenger; parachuting or bungee-cord jumping; rodeo participation; professional sport participation or practice; while committing a crime; suicide or intentionally self-inflicted; while using drugs; while being intoxicated; at work or due to a medical mishap.

## Hospital Confinement Insurance Coverage

*The following services are NOT covered under the Metal Gap Hospital Confinement benefit and are a partial listing of exclusions. For a complete list of limitations and exclusions, please see the certificate of coverage.*

**Confinement related to:** A pre-existing condition; preventive care; treatment, service or supply which is not due to an illness or injury, recommended by a Doctor; not Medically Necessary; a treatment to improve appearance; fertility or reverse sterilization; voluntary abortion (except if the life of the mother would be in danger); mental illness disorders; substance abuse; sexual reassignments; obesity or weight reduction; participation in hazardous avocations; Experimental or Investigational organ transplant; pregnancy;

**Confinement related to an injury or illness:** covered under Workers' Compensation; occurring while on active duty service, committing a crime, while intoxicated or under the influence or illegal drugs; that was self-inflicted.

*This plan does not qualify as ACA-compliant coverage.*

*Not all plans or combinations of benefits are available in all states.*

*This brochure provides a very brief description of the important features of Metal Gap. This brochure is not a certificate of coverage and only the actual certificate provisions will control. The certificate itself sets forth in detail the rights and obligations of both the certificate holder and the insurance company. It is, therefore, important that you READ THE CERTIFICATE CAREFULLY. For complete details, refer to the Group Critical Illness Certificate of Insurance (GAO-CI-C-1207), Group Accident Certificate of Insurance (GAO-ACC-C-1207) and the Fixed Indemnity Certificate of Insurance (MNL MMFI CERT D610).*

*The benefits available under Metal Gap come with membership in Communicating for America. Insurance coverages outlined in this brochure are provided under the master Group Insurance Policy (GAO-P-1207 and MNL MMFI POL D610) issued to Communicating for America, Inc., the master group policyholder.*

## Communicating for America, Inc.

Communicating for America (CA) is a nonprofit association that has been serving individuals, families and the self-employed with benefits, services and legislative advocacy for 40 years. Today, CA provides healthy lifestyle benefits, such as Teladoc, as well as business benefits like remote technology services. CA is a 501(c) (5) association headquartered in Fergus Falls, Minn.

\*The association-based health and life insurance products listed in this brochure are available to members of Communicating for America. Your enrollment as a member of CA is completed upon receipt of the association dues.

## The IHC Group

The IHC Group is an organization of insurance carriers and marketing and administrative affiliates that has been providing life, health, disability, medical stop-loss and specialty insurance solutions to groups and individuals for over 30 years. Members of The IHC Group include Independence Holding Company (NYSE: IHC), American Independence Corp. (NASDAQ: AMIC), Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company. Each insurance carrier in The IHC Group has a financial strength rating of A- (Excellent) from A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations. (An A++ rating from A.M. Best is its highest rating.) Collectively, the companies in The IHC Group provide insurance coverage to more than one million individuals and groups. For more information about The IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com).

## Plans A & B

All states excluding CO, OH, NM	Plan A	Plan B
Individual	\$23.86	\$27.23
Family	\$43.16	\$51.42
CO, OH, NM		
Individual	\$21.05	\$23.86
Family	\$37.13	\$44.01

## Plan C

All states excluding CO, DE, NC, OH, RI, SD, UT		RI and UT	DE and NC	SD	CO and OH
Individual	\$61.16	\$56.91	\$55.39	\$55.25	\$52.02
Individual + Spouse	\$115.15	\$106.03	\$102.77	\$102.47	\$95.37
Individual + Child(ren)	\$103.48	\$96.28	\$93.70	\$93.46	\$86.30
Family	\$137.19	\$124.46	\$119.91	\$119.48	\$112.51

Note: Plan C is not available in ID, NM, ND, MN, KS, MA

Metal Gap is not available in WA, MT, NY, VT, NH, MN, CT, NJ, MD, AK, HI

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MGRATE 0714

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### Critical Illness Insurance Coverage

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The plan does not provide any benefits for charges, treatment, services, or supplies for, or related to: Self-inflicted injury or sickness; suicide or attempted suicide; using drugs; committing a crime; participation in any riot or war; illness specifically excluded from the definition of any Critical Illness.

### Accident Medical Expense and Death and Dismemberment Insurance Coverage

*The following services are NOT covered under the Metal Gap Accident benefit and are a partial listing of exclusions. For a complete list of limitations and exclusions, please see the certificate of coverage.*

**Treatment which is:** Not medically necessary; experimental/investigational; not prescribed by a Physician; received without charge; received from persons employed or retained by the Policyholder or any Family Member; or a hernia.

**Injury received as a result of:** war; active duty service; traveling or flying by air, except as a fare paying passenger; parachuting or bungee-cord jumping; rodeo participation; professional sport participation or practice; while committing a crime; suicide or intentionally self-inflicted; while using drugs; while being intoxicated; at work or due to a medical mishap.

### Hospital Confinement Insurance Coverage

*The following services are NOT covered under the Metal Gap Hospital Confinement benefit and are a partial listing of exclusions. For a complete list of limitations and exclusions, please see the certificate of coverage.*

**Confinement related to:** A pre-existing condition; preventive care; treatment, service or supply which is not due to an illness or injury, recommended by a Doctor; not Medically Necessary; a treatment to improve appearance; fertility or reverse sterilization; voluntary abortion (except if the life of the mother would be in danger); mental illness disorders; substance abuse; sexual reassignments; obesity or weight reduction; participation in hazardous avocations; Experimental or Investigational organ transplant; pregnancy;

**Confinement related to an injury or illness:** covered under Workers' Compensation; occurring while on active duty service, committing a crime, while intoxicated or under the influence of illegal drugs; that was self-inflicted.

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Strength. Vision. Stability.

**REQUISITION FOR AGENT APPOINTMENT**

**TYPE OF APPOINTMENT**

Agent:

Agency:

**INDIVIDUAL INFORMATION**

Last Name:		
First Name:		
Middle Name:		
SS#:	Birth Date:	Birth Place:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:	Email:
Physical Resident Address:		City:
County:	State:	ZIP:

**BUSINESS INFORMATION**

Agency/Firm Name:		TAX I.D. #:
Phone:	Fax:	Email:
Physical Business Address:		City:
County:	State:	ZIP:

- I would like to be appointed by the following IHC Group carrier(s), please check all that apply:
- Standard Security Life Insurance Company of New York
  - Madison National Life Insurance Company, Inc.
  - Independence American Insurance Company
- I would like to be appointed by Companion Life Insurance Company:

List the state(s) in which you are licensed and want to be appointed in:

State:	License #:
State:	License #:
State:	License #:
State:	License #:
State:	License #:
State:	License #:

Name of Manager/Administrator/General Agent:

**BACKGROUND - Use separate page if needed**

- Do you carry Errors and Omissions Protection? Yes  No
- Have you ever been:
  - (a) convicted of any criminal felony, involving fraud, dishonesty or a breach of trust Yes  No
  - (b) convicted of an offense under the Violent Crime Control and Law Enforcement Act of 1994; Yes  No
  - (c) subject to a complaint filed against you by a state or a provincial Insurance Department? or Yes  No
  - (d) subject to disciplinary proceeding of any federal or state regulatory agency? Yes  No

If yes, provide explanation below:
- Are you bonded? Yes  No



4. Has an application for bond ever been declined to you? Yes  No   
If yes, for what reason?
5. Have you ever been bankrupt or insolvent, personally or professionally? Yes  No   
If yes, give details:
6. Have you ever been refused any license applied for? Yes  No   
If yes, what state(s) and why?
7. Has your license ever been cited, suspended or revoked by any state(s)? Yes  No   
If yes, what state(s) and why?
8. Has your appointment ever been terminated involuntarily by an insurance company for reasons other than lack of production? Yes  No   
If yes, give details:
9. Is any charge by any state currently pending against you or against the agency or any member of the agency? Yes  No   
If yes, give details:
10. Do you work for or are you under contract to any financial institution such as a bank, a savings and loan association, any subsidiary, affiliate or holding company of such financial institution? Yes  No   
If yes, please provide the name and address of the financial institution.
11. Are there any outstanding judgments or liens (including state or federal tax liens) against you? Yes  No   
If yes, give details:
12. Do you currently have any outstanding indebtedness to IHC, its carriers or affiliates or subsidiaries or any other insurance carrier or agency? Yes  No   
If yes, give details:

#### CERTIFICATION/AUTHORIZATION

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state in which I am seeking appointment and that I am withholding no information that would affect my qualification for this appointment. I further certify that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of insurance or that I have obtained consent from the appropriate insurance regulator to do so. I further certify that the number shown on this form is the correct Social Security Number/Tax Identification Number for 1099 tax reporting and that I am not subject to backup withholding by the Internal Revenue Service.

I also authorize the Insurance Company to order an investigative report as may be required in compliance with the Public law 91-505 (Fair Credit Reporting Act). I understand that information for the report may be secured from financial sources, and/or public records, or personal interviews with third parties, such as family members, business associates, and/or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, mode of living, or educational background. I understand that I have the right to make a written request within a reasonable period of time to receive a complete and accurate disclosure of this information if I so desire.

All appointed agents must comply with all insurance laws, regulations and insurance department bulletins in the jurisdictions in which he is appointed. The applicant may not use, distribute, or publish any advertisement (as defined by the laws of the jurisdiction for which the applicant is appointed), solicitation material, or proposal that references the Insurance Company which has not been filed with and approved in writing by the Insurance Company. The applicant may not use, distribute, or publish any advertisement (as defined by the laws of the jurisdiction for which the applicant is appointed), solicitation material, or proposal that references any insurance company that IHC Health Solutions has a contract with, unless approved by that insurance company. The applicant agrees to assist and cooperate with the Insurance Company regarding any and all insurance department inquiries, complaints or investigations. The applicant agrees to assist and cooperate with any other insurance company regarding any inquiries related to that company.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Return completed form along with copies of your current license(s) to {Manager/Administrator/General Agent}:**



## PRODUCER AGREEMENT

Producer's Name: \_\_\_\_\_ Producer Number: \_\_\_\_\_ Date \_\_\_\_\_

- 1) **Definitions.** The following terms have the following meanings in this Producer Agreement:
  - a) "Payor" means an insurance carrier issuing an insurance policy or certificate of coverage under which insurance benefits are provided that has engaged IHC Health Solutions, Inc. to provide administrative or marketing services related to such policy or certificate of coverage.
  - b) "Company" means IHC Health Solutions, Inc. and any of its Affiliates, and/or its designee as applicable.
  - c) "Affiliates" means any other entity controlling, controlled by, or under common control with Company.
  - d) "Agreement" means this Agreement and any schedule, appendix or supplement that may be included as part of this Agreement now or in the future.
  - e) "Producer" means the person authorized to solicit and procure applications for the insurance programs administered by the Company who is named above and who executed this Agreement.
  - f) "Sub-producer" means an individual employed by or under contract with a Producer to solicit, negotiate, sell or place insurance business.
  
- 2) **Solicitation.** Subject to the authority granted to Company by each Payor, Company hereby authorizes Producer to solicit and procure applications for the insurance programs identified in each schedule attached hereto, on a non-territorial, non-exclusive basis, subject to the terms and conditions of this Agreement.
  
- 3) **Relationship of the Parties.** Company and Producer each agree that:
  - a) Producer is an independent contractor and this Agreement does not create a relationship of employer/employee, principal/agent, or any other similar relationship between Company and the Producer.
  - b) Producer acknowledges that he/she is not, and shall not be, considered an agent or representative of Company and that he/she will not expressly or impliedly represent himself/herself as such.
  - c) Except where state law requires otherwise, Producer is an independent insurance agent representing Producer's clients.
  
- 4) **Producer's Responsibilities.** Producer agrees to:
  - a) Solicit applications for insurance policies and certificates of coverage issued by Payor or Company on behalf of Payor; assist applicants to truthfully and accurately complete their respective applications for insurance coverage; and submit such applications to Company promptly upon receipt of such applications from applicants.
  - b) Remit all gross premiums and/or policy fees received or collected by Producer promptly to Company with a full and detailed statement.
  - c) Refrain from accepting any premium from any applicant or insured with the exception of the initial premium and applicable fees collected with the application for coverage.
  - d) Strictly comply with all underwriting rules, regulations and instructions contained in the rate books, manuals or any other written material of any Payor with which Producer is appointed, and to observe and comply with the insurance laws and regulations of the state or states in which Producer operates. In the event there is a dispute between the parties hereto as to the interpretation of Payor's regulations or instructions, Company in its sole discretion shall resolve any such dispute.
  - e) Provide prompt, courteous service to certificate / policy holders.
  - f) Pay (without reimbursement from Company) all Producer license fees and/or any other related fees or taxes whether billed to Company or Producer.
  - g) Provide Company with evidence of E & O coverage in such amounts and with such carriers as is reasonably acceptable to Company.

801 N EL PASO ST, SUITE 100, EL PASO, TX 79902  
TEL 1-915-591-1957 FAX 1-888-247-7540  
JESUSB@PLANS4LIFE.COM

- h) Obtain prior written approval from Company of all marketing materials, application forms, and advertising used by Producer in connection with this Agreement.
  - i) Remit an annual administrative processing fee to Company in the amount of \$20.00. Company may deduct this annual administrative processing fee automatically from Producer's commissions.
  - j) Maintain current mailing address and contact information for Company's benefit.
  - k) Keep records in such form as is reasonably required by Company and/or required under applicable laws and regulations.
- 5) **Restrictions on Producer's Authority.** Producer agrees that Producer has no authority and will not:
- a) Bind Company or any Payor by any promise or agreement, or incur any debt, expense, or liability whatever in its name or account, or waive any of the provisions of policies administered by Company.
  - b) Waive, alter, or modify any question on any application; permit any applicant to inaccurately answer any question on any application; instruct any applicant not to disclose any particular medical condition on the application; or notify an applicant that Producer has the authority to alter the terms of an insurance policy or certificate of coverage.
  - c) Pay or allow or offer to pay or allow, as an inducement to any proposed insured, any rebate of premium or consideration or any inducement not specified in the policy or allowed by law.
- 6) **Representations and Warranties.** Producer represents and warrants as follows:
- a) Producer is currently licensed to solicit and procure applications for insurance policies and certificates of coverage in the jurisdiction in which Producer will perform such functions and will maintain such license during the term of this Agreement.
  - b) Producer will comply with all statutes, regulations and administrative bulletins related to Producer's performance of Producer's responsibilities hereunder.
- 7) **Materials and Records**
- a) All Company materials provided to Producer, including, without limitation, programs, manuals, tapes, guidelines and any other information pertaining to Company's marketing methods, leads, or the products of Payors with which the Producer is appointed, or their content, if developed by Company, shall remain the sole and exclusive property of Company.
  - b) Producer's accounts, ledger, correspondence and other records pertaining to this Agreement shall be retained by Producer as required by applicable law, and open for inspection by authorized representatives of Company.
  - c) The parties agree that information and materials described in this section and otherwise provided by Company derive independent economic value from not being generally known to other persons, and thereby constitute trade secrets. As such, Producer agrees to maintain the confidentiality of such information and materials, except where such materials are designed for release to other persons.
- 8) **Compensation.** Company and Producer each agree that:
- a) Company will pay compensation to Producer on behalf of Payors in accordance with the Compensation Schedule(s) attached hereto.
  - b) Company may, upon 30 days prior written notice, change or terminate said Compensation Schedule(s), or add additional new policy forms or requirements and establish the rates of compensation thereon, or withdraw forms.
  - c) Commission, as defined in the Compensation Schedule(s), is vested and payable after termination of this Agreement until the earlier of a) three years from the date of termination of this Agreement, or b) the date on which the monthly compensation amount due is less than \$50.
  - d) The schedule of any renewal compensation set forth on the Compensation Schedule(s) begins with the second policy year and is applicable thereafter as long as this Agreement is in full force and effect and Producer is recognized as the agent of record by the policy holder.
  - e) Producer must be appropriately licensed in the state in which coverage is issued and must remain appropriately licensed in order to receive compensation related to the solicitation, procurement or sale of insurance policies and certificates of coverage.

- f) Company will not issue payment to Producer for compensation less than \$25. The compensation balance will be retained by Company until amount payable exceeds the \$25 minimum.
  - g) If Company for any reason refunds any premium or part of a premium on any policy, any compensation paid Producer on the amount refunded shall be repaid to Company by Producer.
  - h) Company may offset against any compensation due Producer hereunder (including, without limitation, any commissions and/or other compensation) any amounts due Company or Affiliates which may become due at any time from Producer, and such amounts shall be a first lien against the compensation due Producer under this Agreement.
  - i) Producer may not assign the compensation accruing under this Agreement or any interest therein except with the prior written consent of Company, and any assignment by Producer shall always be subject to the lien provided for in the preceding paragraph, whether for debts or liabilities existing at the time of assignment or thereafter arising.
  - j) In the event that this Agreement is terminated pursuant to Section 10 or any condition set forth in Section 10 (b)(iv) or (v) (vi) therein occurs after termination, all of Producer's rights under this Agreement, including Producer's rights to any compensation to which Producer might otherwise become entitled shall terminate effective as of the termination of this Agreement.
  - k) Compensation received during a calendar year will be reflected on that year's annual 1099 tax form provided to Producer by Company.
- 9) **Indebtedness.** Company and Producer each agree that:
- a) Pursuant to the execution of this Agreement and for value received, Producer hereby promises and agrees to repay Company in full any indebtedness resulting from any and all special advances, charge-backs, dues, interest or any other charges owed by Producer to Company. Company has the right to charge and collect interest on debit balances attributable to and owed by Producer. Company, its successors and/or assigns, is hereby granted a complete, unconditional, and automatic first lien on any monies due or to become due under this Agreement and Company may deduct such amounts from any monies due Producer as provided in Section 8 (g) hereof.
  - b) It is agreed that the unpaid balance owed shall accrue interest at the interest rate set forth in the attached Compensation Schedule.. Company reserves the right to adjust the interest rate upon 30 days advance notice.
  - c) Producer hereby unconditionally guarantees to Company the full and timely payment of any and all moneys owed to Company by any Sub-producers of Producer whether directly or indirectly contracted with Company and/or appointed where Producer is receiving a commission override.
  - d) Upon termination of this Agreement for any reason, Producer agrees to immediately pay any debit balance owed to Company, in full, upon demand by Company. After the debit balance has been fully satisfied, the remainder of any Producer commissions or service fees will be paid to Producer as earned.
  - e) The Company reserves the right, without limitation or notice, to modify or terminate the amount of any advance commission paid to Producer.
  - f) This entire Section 9 shall survive the termination of this Agreement. It is further agreed that in the event it becomes necessary to enforce payment of this indebtedness through legal action, Producer agrees to bear the reasonable legal expenses, attorney fees and court costs incurred by Company.
- 10) **Termination.** Company and Producer each agree that:
- a) This Agreement, together with any addenda hereto, shall continue until terminated by either party pursuant to this section.
  - b) This Agreement, together with any addenda hereto, shall terminate:
    - i) Thirty days following written notice by either party mailed to the last known address of such other party.
    - ii) Automatically without any notice upon Producer's death, or total permanent disability.
    - iii) Automatically at time of appointment renewal if the Producer has not placed any new business with Company in the last 12 months.
    - iv) Immediately upon notice from Company to Producer for any act of dishonesty, fraud or breach of any of the terms of this Agreement as determined at the Company's sole discretion.

- v) Automatically without any notice upon revocation, termination or non-renewal of Producer's license.
  - vi) If attempt is made by Company to contact Producer in writing or via e-mail at last known mailing or e-mail address and Producer fails to reply within 60 days of such attempt, in which event Company shall have the right to retain all future commissions of such Producer and such Producer shall forfeit any and all right to such commissions.
- 11) **Assignment.** No assignment of this Agreement or of any compensation due or to become due shall be valid unless approved in advance in writing by Company. Any assignment shall be subject to any existing or future indebtedness to Company by Producer.
- 12) **Agent Appointment.** Producer is responsible for costs associated with his/her appointment as determined by each Payor. Company will not pay or advance on behalf of Producer such fees to any Payor. Producer agrees to pay for all such required appointment and / or state fees prior to appointment.
- 13) **Liability.** Producer shall indemnify Company for, and hold Company harmless against, any and all claims, actions, liabilities, losses, damages of any nature, whether compensatory or punitive, judgments, awards, or settlements, charges and expenses, including court costs and attorney's fees, that Company may at any time sustain or incur by reason of any unlawful or negligent act or omission of Producer, and any misrepresentation by Producer, or any breach by Producer of the terms of this Agreement.
- 14) **Confidentiality.** Producer agrees to protect the confidentiality of protected health information in accordance with Exhibit A which is attached hereto and incorporated herein.
- 15) **Company Rights** Company specifically reserves the right to:
- a) Cease doing business in any state upon 30 days' prior written notice to Producer.
  - b) Approve all transfers of reporting hierarchies prior to the effective date of the requested change.
  - c) Discontinue or withdraw any plan of insurance.
  - d) Amend this Agreement with 30 days notice at Company's sole discretion.
- 16) **Indemnification.** Producer shall indemnify and hold Company, Payor, and any of their employees, officers, directors, agents or representatives (collectively, the "Indemnified Parties") harmless from and against any and all liabilities, damages, claims, costs and expenses, including, without limitation, reasonable fees and disbursements of counsel, arising in connection with, or incident to any breach or violation of any covenant or agreement contained in this Agreement or otherwise arising out of any of the transactions contemplated by this Agreement. Producer shall notify Company in writing within five (5) days of Producer becoming aware of any legal or administrative proceeding that involves or could potentially involve an Indemnified Party in any manner whatsoever. Company may, in its sole and absolute discretion, determine whether to defend or settle any such claim. Company will be entitled to offset any losses that are the subject of pending or unresolved indemnification claims against any and all payments due to Producer pursuant to this Agreement.
- 17) **Applicable Law and Venue.** This Agreement shall be governed by the laws of the State of New York, without regard to conflicts of law principles, and any interpretation of the language, intent, performance or obligation of this Contract shall be determined in accordance with the laws of the State of New York. This Contract is performable in New York County, New York, and any suit, action or proceeding by either party to this Agreement must be initiated and brought in New York County, New York. All sums or amounts due or to become due to either party hereto are payable in New York, New York.
- 18) **Arbitration.** Except as otherwise set forth herein, all disputes, controversies, or differences, whether arising or commencing during or subsequent to the term hereof, which may arise among the parties out of or in relation to or in connection with this Agreement which cannot be settled among the parties pursuant to the terms of this Agreement (including postponing settlement of such issue) shall be settled by arbitration in New York, New York, before an

arbitrator of the American Arbitration Association in accordance with the commercial arbitration rules of the American Arbitration Association.. Such arbitration shall be final and binding and shall be limited to an interpretation and application of the provisions of this Agreement. Any arbitration award shall be enforceable in any court, wherever located, having jurisdiction over the party against whom the award was rendered. With respect to any such arbitration or enforcement proceedings, each party thereto shall bear its respective attorneys' fees and all other costs and expenses associated with such arbitration, except as otherwise provided by law or rule and as directed by the arbitrator.

19) **Entire Agreement.** Producer understands and agrees that:

- a) This Agreement is the entire agreement between the parties hereto and supersedes any and all previous contracts and agreements between Producer and Company.
- b) This Agreement is effective as of the date executed by Company below.
- c) Any schedule, appendix or supplement issued at a later date shall become effective at such later date as specified.
- d) Failure of Company to insist upon strict compliance with any of the conditions of this Agreement shall not be construed as a waiver of such conditions, but they shall continue to be in full force and effect.
- e) No oral promises or representations shall be binding, nor shall this Agreement be modified except by agreement in writing, executed by Company, except as otherwise set forth herein.
- f) This Agreement may be executed in one or more counterparts, each of which, when taken together, shall constitute one original Agreement.

IHC HEALTH SOLUTIONS, INC., an Indiana corporation

\_\_\_\_\_  
**Producer Signature**

\_\_\_\_\_  
**By:**

\_\_\_\_\_  
**Printed Name:**

\_\_\_\_\_  
**Printed Name: David T. Kettig, Authorized Signatory**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Producer Number:**



IHC Health Solutions offers direct deposit of your commissions or service fees into your financial institution account. Direct deposit is quick, convenient and secure!

**Step One:** Complete the Direct Deposit Authorization Form below

**Step Two:** Attach a voided check or savings deposit slip to the authorization form. (If depositing to a savings account, please ask your financial institution for the correct Routing/Transit Number for your savings account to ensure your commission is deposited correctly.)

**Step Three:** Submit the direct Deposit Authorization Form and a voided check or savings deposit slip by mail, fax or e-mail:

**Mail:** 801 N EL PASO ST, SUITE 100, EL PASO, TX 79902

**Fax:** 1-888-247-7540

**E-mail:** JESUSB@PLANS4LIFE.COM

If you change financial institutions or open a new account in the future, please notify us immediately to avoid any delays in the direct deposit of your commission or service fees. **A written request along with a new voided check or deposit slip is required to change this information.**

The authorization below states that we may make debit entries to your account only in the rare case of a financial institution error or commission processing error. **We will NOT deduct debit balances from your account.**

### Direct Deposit Authorization Form

Agent Name/Corporation Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Number/Numbers (list all agent numbers used): \_\_\_\_\_

Social Security or Tax ID Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I authorize IHC Health Solutions to initiate electronic credit entries for commissions or service fees due. Debit entries will only be made in the rare case of an error either by the financial institution or IHC Health Solutions to correct a credit entry previously made or a commission processing error.

- Checking Account (Attach a voided check and sign below)**
- Savings Account (Attach a savings deposit slip and verify with your bank your routing/transit number.)**

As of (insert date) \_\_\_\_\_, my financial institution information is as follows. In order to change this information in the future, I must submit a written request along with a new voided check or deposit slip.

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ (9 digit number – verify with your financial institution)

Account Number: \_\_\_\_\_

This authorization will remain in effect until IHC Health Solutions has received written notice from me to change or cancel the direct deposit agreement. I agree to contact IHC Health Solutions in writing if I change financial institutions or the account for my deposits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EXHIBIT A - CONFIDENTIALITY OF PROTECTED PERSONAL INFORMATION

1. **Purpose.** The Purpose of this Exhibit is to demonstrate both parties' commitment to full compliance with all applicable privacy rules and regulations governing the use and disclosure of individually identifiable personal health and financial information by establishing contractual standards for such use and disclosure.
2. **Definitions.** Terms used this Exhibit and not otherwise defined in the Agreement are defined as follows:
  - (a) *Disclose or Disclosure* means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
  - (b) *HITECH Act* means the Health Information Technology for Economic and Clinical Health Act, found in Title XIII of the American Recovery and Reinvestment Act of 2009, Public Law 111-005.
  - (c) *Individual* means the person who is the subject of protected health information and shall include persons who qualify as a personal representative.
  - (d) *Individually Identifiable Health Information* is health information, including demographic information collected from an individual, that:
    - (i) Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
    - (ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
    - (iii) Either identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
  - (e) *Personally Identifiable Financial Information* means any information regarding a specific consumer that is obtained in connection with the services being provided hereunder.
  - (f) *Privacy Rule* means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E
  - (g) *Protected Personal Information ("PPI")* means Personally Identifiable Financial Information and Individually Identifiable Health Information that is maintained in any form, including electronic media and/or transmitted in any form, including by electronic media.
  - (h) *Required by Law* has the same meaning as the term "required by law" in 45 CFR §164.501
  - (i) *Use* means, with respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
3. **PRODUCER's Obligations.** At all times PRODUCER agrees to:
  - (a) Refrain from using or disclosing PPI for any purpose other than as specifically permitted or required by the Agreement, including this Exhibit, as specifically required in order to perform the services for which PRODUCER has been engaged or as permitted by law;
  - (b) Abide by an Individual's request to restrict the disclosure of PPI consistent with the requirements of Section 13405(a) of the HITECH Act;
  - (c) Implement and utilize appropriate safeguards to prevent the Use or Disclosure of PPI other than as



provided for by this Agreement;

- (d) Mitigate, to the extent practicable, any harmful effect that is known to PRODUCER as a result of a Use or Disclosure of PPI by PRODUCER in violation of the requirements of this Agreement;
- (e) Report to COMPANY any Use or Disclosure of PPI not provided for by this Agreement of which PRODUCER becomes aware, including but not limited to any breach of unsecured PPI in compliance with any reporting requirements under regulations implementing the HITECH Act;
- (f) Ensure that any contractor, consultant or vendor to whom PRODUCER provides PPI received from COMPANY, or created or received by PRODUCER on behalf of COMPANY, agrees to the same restrictions and conditions that apply through this Agreement to PRODUCER with respect to such information;
- (g) Provide PPI to COMPANY or, as directed by COMPANY, to an INDIVIDUAL, in a reasonable time and manner, in order to meet the requirements of the Privacy Rule, the HITECH Act, or applicable state law;
- (h) Make any amendment(s) to PPI that COMPANY, or an INDIVIDUAL upon COMPANY's consent, directs PRODUCER to make in order to comply with the Privacy Rule;
- (i) Make PRODUCER's internal practices, books, and records, including policies and procedures, relating to the Use and Disclosure of PPI available to COMPANY or to the Secretary of the Department of Health and Human Services for purposes of determining COMPANY's compliance with the Privacy Rules;
- (j) Document Disclosures of PPI and information related to such Disclosures as would be required in order to permit COMPANY to respond to a request by an INDIVIDUAL for an accounting of such Disclosures of PPI in accordance with the Privacy Rule and the HITECH Act;
- (k) Make available to COMPANY within fifteen (15) days the information required to provide an accounting of disclosures in accordance with the Privacy Rule and the HITECH Act;
- (l) Implement and utilize safeguards to Use or Disclose only the minimum necessary information in the performance of PRODUCER's obligations under this Agreement; and
- (m) Refrain from Using or Disclosing PPI for any marketing purposes not authorized by this Agreement;
- (n) Make available to COMPANY within fifteen (15) days the information required to provide an accounting of disclosures in accordance with the Privacy Rule and the HITECH Act;
- (o) Refrain from receiving any remuneration in exchange for any Individual's PPI unless (1) that exchange is pursuant to a valid authorization that includes a specification of whether the PPI can be further exchanged for remuneration by the entity receiving the PPI of that Individual or (2) satisfies one of the exceptions enumerated in the HITECH Act; and
- (p) Refrain from marketing activities that would violate Section 13406 of the HITECH Act.

4. COMPANY's Obligations. At all times COMPANY agrees to:

- (a) Notify PRODUCER of any limitation(s) in COMPANY's Notices of Privacy Practices, to the extent that such limitation may affect COMPANY's Use or Disclosure of PPI;
- (b) Notify PRODUCER of any changes in, or revocation of, permission by an INDIVIDUAL to Use or Disclose PPI, to the extent that such changes may affect PRODUCER's Use or Disclosure of PPI;
- (c) Notify PRODUCER of any restriction to the Use or Disclosure of PPI to which PRODUCER has agreed, to the extent that such restriction may affect PRODUCER's Use or Disclosure of PPI;

- (d) Refrain from request that PRODUCER Use or Disclose PPI in any manner that is not legally permissible if done by COMPANY except to the extent necessary for any data aggregation services or PRODUCER's management and administrative activities;

5. Permitted Usage of PPI. PRODUCER may Use or Disclose PPI for the following purposes or under the following circumstances:

- (a) Except as otherwise limited in the Agreement, to provide the administrative services to COMPANY that are described in the Agreement provided that such Use or Disclosure of PPI would not violate the Privacy Rule if done by COMPANY;
- (b) Except as otherwise limited in the Agreement, for the proper management and administration of PRODUCER or to carry out the legal responsibilities of PRODUCER;
- (c) Except as otherwise limited in the Agreement, for the proper management and administration of PRODUCER, provided that Disclosures are Required by Law, or PRODUCER obtains reasonable assurances from the person or entity to whom the PPI is Disclosed that it will remain confidential and Used or further Disclosed only as Required by Law or for the purpose for which it was Disclosed to the person or entity, and the person or entity notifies PRODUCER of any instances of which it is aware in which the confidentiality of the PPI has been breached;
- (d) Except as otherwise limited in the Agreement, to provide data aggregation services to COMPANY as permitted by the Privacy Rules;
- (e) To report violations of law to appropriate federal and state authorities; and
- (f) To contractors, consultants and vendors of PRODUCER in order to permit such contractors, consultants and vendors to perform the services for which they have been engaged, subject to the conditions of this Agreement.

6. Term and Termination.

- (a) The Term of this Agreement shall be effective as of effective date of the Agreement and shall terminate as of the termination of the Agreement.
- (b) Upon COMPANY's knowledge of a material breach of this Exhibit by PRODUCER, COMPANY shall either:
  - (i) Provide an opportunity for PRODUCER to cure the breach or end the violation or terminate the Agreement in accordance with the Agreement; or
  - (ii) If cure is not possible, immediately terminate the Agreement.
- (c) If neither termination nor cure is feasible, COMPANY may report the violation to the Secretary of the Department of Health and Human Services at its discretion.

7. Obligations upon Termination of this Agreement

- (a) Upon the termination of the Agreement, PRODUCER shall return to COMPANY all PPI that PRODUCER has in its possession and retain no copies of such PPI, except for that PPI necessary for PRODUCER's management and administrative activities. This provision shall apply to PPI that is in the possession of contractors, consultants and vendors of PRODUCER.
- (b) If PRODUCER is unable to return the PPI provided to PRODUCER by COMPANY or an INDIVIDUAL or created by PRODUCER on COMPANY or an INDIVIDUAL's behalf, PRODUCER shall:
  - (i) Provide to COMPANY notification of the conditions that make return or destruction infeasible;

and

- (ii) Permanently destroy by shredding or otherwise destroying all paper or other hard copy media on which it is recorded, and/or erasing it from any hard drive, tape, diskette, compact disk or other electronic medium on which it has been stored using a method which renders the information unrecoverable.
  - (c) If the return or destruction of the PPI is not feasible, PRODUCER shall extend the protections of this Agreement to, and comply with its obligations herein regarding, the PPI and not make any further Use or Disclosure of the PPI.
8. Privacy Notices. COMPANY and PRODUCER agree to cooperate on the development and drafting of any Privacy Notices required to be provided by PRODUCER to INDIVIDUALS in order to ensure that such Privacy Notices accurately reflect the current usage and disclosure of PPI and comply with any state or federal law or regulation that requires the provision of such Privacy Notices.
  9. Amendment. The Parties agree to take such action as is necessary to amend this Exhibit from time to time as is necessary for COMPANY to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
  10. Regulatory References. A reference in this Agreement to the Privacy Rule means the Section of the Privacy Rule then in effect or as amended.
  11. Interpretation. Any ambiguity in this Agreement shall be resolved to permit COMPANY to comply with the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.



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**HIERARCHY FORM**

**SECTION 1 - PRODUCER DATA**

Producer Name \_\_\_\_\_ Producer Number \_\_\_\_\_

Direct Upline (if not MGA/GA) \_\_\_\_\_ Producer Number \_\_\_\_\_

MGA/GA JESUS BUSTILLOS / PLANS FOR LIFE LLC Producer Number 3570886

**SECTION 2 - PRODUCTS**

**Communicating for America Association, Inc.**

CA Association Premier (Stand Alone)

**Madison National Life Insurance Company**

- Dental – One Life
- Dental - Group
- Hospital Indemnity Plan (HIP)
- Limited Medical Plans
- Vision – Group

**Standard Security Life Insurance Company of New York**

- Critical Illness
- RX Paycard
- Secure Dental One
- Short Term Medical

**Independence American Insurance Company**

- Hospital Indemnity Plan (HIP) (Choice Solutions)
- Limited Medical Plans (Alternative Solutions)

*Advance Commissions may be available on some products. Please refer questions regarding advances to your direct up line or to your MGA/GA.*

**SECTION 3**

***If you are requesting to be paid on an earned basis, please skip this section and go to section 4.***

Effective Date: \_\_\_\_\_

Producer Name \_\_\_\_\_ Producer Number \_\_\_\_\_

Direct Upline's Signature \_\_\_\_\_ Producer Number \_\_\_\_\_

MGA/GA's Signature \_\_\_\_\_ Producer Number 3570886

**If you are requesting advance commissions and this section is not completed, your request will be delayed.**



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**SECTION 4 - COMMISSION ASSIGNMENT**

*I direct my compensation to be made payable as follows:*

Producer/Agency Name: \_\_\_\_\_ SSN / TIN#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dated at (City/State): \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

Producer Signature: \_\_\_\_\_

If this section is not completed, your request will be delayed.

**In order to process your request without any delays, please return all contracting forms including the producer's agreement and copies of all commission addendums, if applicable.**

If you have any questions regarding the agent contracting forms or questions about the contracting process, please contact your MGA/GA or you can contact IHC Health Solutions **915-591-1957**

In the event of any conflict between the applicable Producer Agreement and this Hierarchy Form, the Producer Agreement shall control. Nothing contained herein shall be deemed to limit the rights of Company under the Producer Agreement.

**COMPENSATION SCHEDULE TO PRODUCER AGREEMENT FOR  
METAL GAP PLANS**

This Compensation Schedule to the Producer Agreement identifies (1) the product that the Producer is authorized to solicit and procure applications; and (2) the fee schedule applicable to such product. IHCHS and Producer each agrees that this Compensation Schedule is subject to all of the terms and conditions of the Producer Agreement and shall be made part of and attached thereto.

***Compensation Schedule for Enroller Fee:***

First Year Plan A, B and C	Renewal Years Plan A, B and C
20%	15%

*Plan C is not offered in every state where Plan A and B are available.*

Commission for the Critical Illness and the Accident benefit is based upon collected premium, except to the extent any of the forgoing is required by state law.

Compensation for the association dues is based upon the retail collected dues, except to the extent any of the forgoing is required by state law.

Compensation for the Limited Medical (hospitalization benefit for Plan C only) is based upon collected premium, less applicable fees, except to the extent any of the forgoing is required by law.

The maximum commission percentage payable hereunder, will be adjusted as required by applicable state law.

Percentages shown in this Compensation Schedule shall be reduced by any compensation/enrollers fee(s) paid to the writing agent. Compensation for the Enrollers fee is only paid to the writing agent and the top general agent on the case.

Re-written business (case previously issued that is now being re-written subject to underwriting approval) will be subject to the renewal commission level. Cases that are re-written are not eligible for advances.

In the event that Producer receives advances payable hereunder, any outstanding advance loan balance will accrue interest at a rate equal to one (.75%) percent per calendar month; interest rate is subject to change at Company's sole discretion upon 30 days written notice to Producer.

Producer shall not be entitled to any compensation for services of any kind rendered to or for Company by Producer, agents or employees of Producer except as enumerated in this Compensation Schedule.