

# Broker compensation program 2022



## Partner with a trusted industry leader

At Unum, we're here to support your business by developing client relationships that last.

From best-in-class employee benefits to committed service and enrollment solutions for every workplace, you can count on us to deliver results. Our 35 field offices nationwide provide a local connection to help build lasting relationships with you and your clients — and are backed by more than 10,000 employees from our home office support team.

We carry a strong financial foundation and stable outlook for 2022, offering modern solutions you and your clients can depend on like:

- Benefits and services that work together for businesses of any size
- Online onboarding, administration, enrollment, and claims processes
- Education and enrollment solutions for employees

You'll find more information regarding our base and supplemental commissions in this brochure. As always, we encourage you to share compensation information with your clients.

This brochure outlines our 2022 Broker Compensation Program and is intended for our brokers only. It is not designed as a means for informing customers of our broker compensation rates or practices on specific cases, quotes, or sales. This brochure should be used for illustrative purposes only and is not intended to replace or supplement your broker contract.



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### Base commissions: Group

### **Payment**

In addition to the commission scales shown below, standard base commissions will include an additional one-time payment of \$200 for each eligible new line of Group STD, LTD, and Life with 10 lives or greater.

LTD', Employer-paid Group Critical Illness¹ and Employer-paid Group Hospital Indemnity¹ (*Underwitten by Unum Life Insurance Company) of Previolent Life and Casually Insurance Company)  Life with AD&D³ and STD¹ (*School 10% Next \$10,000 10% Next \$25,000 18% Next \$100,000 40% Next \$50,000 18% Ne	Product	Annualized Premium/ Commission Year	Commission rate
Employer-paid Group Hospital Indemnitys ("Underwritten by Unum Life Insurance Company)   Next \$25,000   5%		First \$15,000	15%
(*Underwritten by Unum Life insurance Company)  **Sto,0000+**  **Sto,0000+**  **First \$15,000**  **Next \$10,000**  **Next \$10,000**  **Next \$10,000**  **Next \$50,0000+**  **All Years**  **15%*  **Pears \$6+**  **25%*  **Years \$2-6**  **She **Years \$2-6**  **Y	LTD <sup>1</sup> , Employer-paid Group Critical Illness <sup>2</sup> and	Next \$10,000	10%
S50,000+   1%		Next \$25,000	5%
Life with AD&D³ and STD⁴  Life with AD&D³ and STD⁴  Next \$10,000	(,,,	\$50,000+	1%
Life with AD&D¹ and STD¹  Next \$25,000 5%  Next \$50,000 19%  \$100,000+ 0.5%6  All Years 15%  Simply Unum (SU) Voluntary Life with AD&D All Years 15%6  Dental¹ and Employer Paid Vision¹ All Years 10%6  Voluntary Vision⁰ All Years 10%6  Acident¹º — Employee Paid with Composite Rates (Underwritten by Unum Insurance Company or Provident Life and Casually Insurance Company)  Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casually Insurance Company)  Critical Illness¹² — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casually Insurance Company)  Critical Illness¹² — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casually Insurance Company)  First Year 50%6  Years 64 2.5%6  Years 2-6 5%6  Years 64 2.5%6  All Years 20%6  Critical Illness¹² — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casually Insurance Company)  First Year 50%6  Years 64 2.5%6  Years 64 2.5%6  All Years 15%6  All Years 2.5%6  Years 2.6 5%6  Years 3.6 5%6  Years 3.6 5%6  Years 3.7 5%6  All Years 3.7 5%6  Provident Life and Casually Insurance Company)  All Years 15%6  Determined at time of quote Long Term Care <sup>16</sup> All Years 2.0%6		First \$15,000	10%
Next \$50,000 1 1% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$100,000+ 0.5% \$15% \$15% \$15% \$15% \$15% \$15% \$15% \$1		Next \$10,000	7%
\$100,000+   0.5%     Voluntary Life with AD&D   All Years   15%     Simply Unum (SU) Voluntary STD and LTD and Select Products   All Years   15%     Dental? and Employer Paid Vision   All Years   12%     Voluntary Vision   All Years   12%     Voluntary Vision   All Years   12%     Voluntary Vision   All Years   12%     First Year   55%     Years 2-6   5%     Years 2-6   5%     Years 6+   2.5%     Or	Life with AD&D <sup>3</sup> and STD <sup>4</sup>	Next \$25,000	5%
Voluntary Life with AD&D   All Years   15%		Next \$50,000	1%
Simply Unum (SU) Voluntary STD and LTD and Select Products <sup>6</sup> Dental? and Employer Paid Vision <sup>8</sup> Voluntary Vision <sup>9</sup> All Years  All Years  12%  First Year 55%  Accident <sup>10</sup> — Employee Paid with Composite Rates (Underwritien by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness <sup>11</sup> — Employee Paid with Issue Age Rates (Underwritien by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness <sup>12</sup> — Employee Paid with Attained Age Rates (Underwritien by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness <sup>12</sup> (AACI) — Employee Paid with Attained Age Rates (Underwritien by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year  20%  All Years  15%  First Year 50%  Years 2-6 5%  Years 2-6 5%  Years 6+ 2.5%  All Years 15%  First Year 50%  Years 2-6 5% Years 6- 2.5%  All Years 15%  First Year 50%  Years 2-6 5% Years 6- 2.5%  All Years 15%  All Years 15%  All Years 15%  All Years 15%  Determined at time of quote Long Term Care <sup>16</sup> All Years 20%		\$100,000+	0.5%
Dental? and Employer Paid Vision®  Voluntary Vision®  All Years  All Years  12%  First Year  55%  Accident® — Employee Paid with Composite Rates (Underwriten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or  All Years  4 Years 2-6  5 %  Years 6+  2.5 %  First Year  65%  First Year  65%  First Year  65%  Years 2-6  5 %  First Year  65%  Years 2-6  5 %  First Year  65%  Years 2-6  5 %  Years 6+  2.5 %  All Years  15%  Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year  All Years  15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year  50%  Years 6+  2.5 %  Years 6-  Years 2-6  5 %  Years 6-  Years 2-6  5 %  Years 6-  2.5 %  All Years  15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  or  All Years  15%  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹⁵  All Years  All Years  Determined at time of quote  Long Term Care¹6  All Years  All Years	Voluntary Life with AD&D	All Years	15%
Voluntary Vision?  All Years  All Years  First Year  55%  Years 2-6  596  Years 6+  2.5%  Or  All Years  Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  20%  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year  15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  15%  Hospital Indemnity¹⁴ — Employee Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  15%  All Years  Determined at time of quote  Long Term Care¹6  All Years  20%	Simply Unum (SU) Voluntary STD and LTD and Select Products <sup>6</sup>	All Years	15%
Accident¹º — Employee Paid with Composite Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Accident¹º — Employee Paid with Composite Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year  20%  First Year 50% Years 6+ 2.5%  Years 2-6 5% Years 6+ 2.5%  All Years 15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  15%  All Years  Determined at time of quote Long Term Care¹6 All Years 20%  All Years 20%	Dental <sup>7</sup> and Employer Paid Vision <sup>8</sup>	All Years	10%
Accident** — Employee Paid with Composite Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years 6+ 2.5%  Or All Years 15%  First Year 65%  Years 2-6 5%  First Year 65%  Years 2-6 5%  Years 6+ 2.5%  Critical Illness** — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or All Years 2-6 5%  Years 6+ 2.5%  Wears 6+ 2.5%  All Years 15%  Hospital Indemnity** — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year 50%  Years 6+ 2.5%  Years 6+ 2.5%  All Years 15%  All Years 15%  All Years 15%  All Years 15%  Determined at time of quote  Long Term Care**  All Years 20%	Voluntary Vision <sup>9</sup>	All Years	12%
Accident®—Employee Paid with Composite Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years 15%  First Year 65%  Years 2-6 5%  Years 6+ 2.5%  Critical Illness¹¹—Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Tirst Year 50%  All Years 15%  First Year 50%  Years 2-6 5%  Years 6+ 2.5%  All Years 15%  First Year 50%  Years 2-6 5%  Years 2-6 5%  All Years 4- 2.5%  Thospital Indemnity¹³—Employee Paid Years 2-6 5%  Years 6+ 2.5%  Years 6+ 15%  All Years 15%  All Years 15%  All Years 15%  All Years 15%  Determined at time of quote  Long Term Care¹6  All Years 20%		First Year	55%
(Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or  All Years 15%  First Year 65%  Years 2-6 5%  Years 6+ 2.5%  (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or  All Years 2-6 5%  Years 6+ 2.5%  Years 6+ 2.5%  Or  All Years 2-6 5%  Years 6+ 2.5%  Or  All Years 2-6 5%  Years 6+ 2.5%  Years 6- 5%  All Years 2-6 5%  Years 6- 5%  Insurance Company or Provident Life and Casualty Insurance Company)  First Year 50%  Years 2-6 5%  Years 2-6 5%  Years 6- 5%  Years 6- 2.5%  All Years 5- 5%  Years 6- 5%  Years 6- 5%  Years 6- 2.5%  All Years 5- 5%  Years 6- 5%  Years 6- 5%  All Years 5- 5%  All Years 15%  Determined at time of quote  Long Term Care <sup>16</sup> All Years 20%	Accident <sup>10</sup> — Employee Paid with Composite Rates	Years 2–6	5%
Or All Years 15%  First Year 65%  Years 2-6 5%  Years 6+ 2.5%  Or All Years 2-6 5%  All Years 5-15%  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year 50%  Hospital Indemnity¹³ — Employee Paid Years 2-6 5%  Years 6+ 2.5%  All Years 5-6 5%  Years 6+ 2.5%  All Years 5-6 5%  Years 6+ 2.5%  All Years 5-6 5%  Years 6+ 2.5%  All Years 6+ 2.5%  Or All Years 6+ 2.5%  All Years 15%  Hospital Indemnity¹⁴ — Employer Paid and Casualty Insurance Company)  Or All Years 15%  All Years 5-15%  All Years 5-15%  All Years 5-15%  Determined at time of quote  Long Term Care¹6 All Years 20%		Years 6+	2.5%
Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  Stop Loss¹⁵  All Years  Determined at time of quote  Long Term Care¹6  All Years  2.5%  First Year 50%  Years 2-6 5%  Years 6+ 2.5%  All Years  15%  All Years  Determined at time of quote		or	
Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  All Years  15%  First Year 50%  Years 2-6 5%  Years 2-6 5%  Years 2-6 5%  Years 6+ 2.5%  All Years 15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  15%  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹⁵ All Years Determined at time of quote  Long Term Care¹⁶ All Years 2.0%		All Years	15%
Critical Illness¹¹ — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  All Years  15%  First Year 50% Years 6+ 2.5%  Years 2-6 5% Years 6+ 2.5%  Years 6+ 2.5%  All Years  15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  or All Years  15%  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  15%  All Years Determined at time of quote  Long Term Care¹6 All Years 2.5%		First Year	65%
(Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or All Years 20%  Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year 50% Years 2-6 5% Years 6+ 2.5%  (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or All Years 15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or All Years 15%  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹⁵ All Years Determined at time of quote Long Term Care¹6 All Years 20%	Critical Illnose 11 Employee Paid with Issue Are Pates	Years 2–6	5%
Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  All Years  15%  First Year 50% Years 2-6 5% Years 6+ 2.5%  Or  All Years  15%  Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  or  All Years 15%  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹⁵ All Years Determined at time of quote Long Term Care¹⁶ All Years 20%		Years 6+	2.5%
Critical Illness¹² (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year 50%  Years 2-6 5%  Years 6+ 2.5%  (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  or  All Years 15%  Hospital Indemnity¹⁴ — Employee Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years 15%  Stop Loss¹⁵  All Years Determined at time of quote  Long Term Care¹⁶  All Years 20%	(,,,,	or	
(Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  First Year  Years 2-6  Years 6+  2.5%  (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  or  All Years  Hospital Indemnity <sup>14</sup> — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss <sup>15</sup> All Years  Determined at time of quote  Long Term Care <sup>16</sup> All Years  20%		All Years	20%
Hospital Indemnity <sup>13</sup> — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or  All Years  Hospital Indemnity <sup>14</sup> — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  All Years  15%  All Years  Determined at time of quote  Long Term Care <sup>16</sup> All Years  20%		All Years	15%
Hospital Indemnity¹³ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or  All Years  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹⁵  All Years  Determined at time of quote  Long Term Care¹⁶  All Years  2.5%  All Years  15%  All Years  Determined at time of quote		First Year	50%
(Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Or  All Years 15%  Hospital Indemnity <sup>14</sup> — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss <sup>15</sup> All Years Determined at time of quote  Long Term Care <sup>16</sup> All Years 20%		Years 2-6	5%
All Years 15%  Hospital Indemnity¹⁴ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹⁵ All Years Determined at time of quote Long Term Care¹⁶ All Years 20%		Years 6+	2.5%
Hospital Indemnity <sup>14</sup> — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss <sup>15</sup> All Years Determined at time of quote  Long Term Care <sup>16</sup> All Years 20%	(Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)	or	
(Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)  Stop Loss¹5  All Years  Determined at time of quote  Long Term Care¹6  All Years  20%		All Years	15%
Long Term Care <sup>16</sup> All Years time of quote  All Years 20%		All Years	15%
	Stop Loss¹5	All Years	
Educator Select Income Protection Plan <sup>17</sup> All Years 15%	Long Term Care <sup>16</sup>	All Years	20%
	Educator Select Income Protection Plan <sup>17</sup>	All Years	15%

<sup>1,3,4</sup> Includes traditional, flex, employer and employee paid (single contract), voluntary reduced participation (non-Simply Unum), and benefit Advantage (small business employee benefits products). 2 For all states except MD and WA.

<sup>5</sup> For all states except FL, IN, MN, NM, NY, OH, and RI.

<sup>6</sup> Except FL, where 10% applies.

<sup>7,8,9</sup> Subject to state approval. See your Unum sales representative for Dental and Vision compensation

<sup>10</sup> For all states except CO, DE, FL, IN, MN, NH, NM, NY, ND, OH, TN, VT, and WA.

<sup>11</sup> For all states except CO, CT, DE, FL, IN, KY, MD, MN, NJ, NY, ND, OH, TN, VT, and WA. 12 For all states except CO, CT, IN, MD, MN, NJ, NY, and WA.

<sup>13</sup> For all states except CO, DE, FL, IN, MD, MN, ND, NH, NM, NY, OH, RI, VT, and WA.

<sup>14</sup> For all states except CO, DE, FL, IN, MD, MN, NH, NM, NY, ND, OH, RI, VT, and WA.

<sup>15</sup> Commissions will be agreed upon by Broker and Unum at the time of quote.

<sup>16</sup> Except PA, where 10% applies and FL, where 15% applies.

<sup>17</sup> Except FL, where 10% applies.

### **GENERAL AGENT COMPENSATION**

### Eligible products include:

- Group Long Term Disability Insurance (LTD)
- Group Short Term Disability Insurance (STD)
- Group Voluntary Life, Short Term Disability and Long Term Disability Insurance
- Group Life/Accidental Death & Dismemberment (AD&D)
- Dental Insurance
- Voluntary and Employer-paid Vision

### Payment:

- Payment is equal to quoted percentage multiplied by eligible products first-year (new-sales) and renewal premium received by the company.
- Net of commission cases are excluded from payment.
- Payment goes to the general agent of record at the time premium is processed by the company.

A broker acting in the capacity of a general agent who has a signed general agent addendum<sup>1</sup> on file with Unum prior to the time of sale will be eligible to receive the following compensation payment:<sup>2</sup>

Case size	Payment rate
< 500 eligible lives	5%
> 500 eligible lives	Determined at time of quote <sup>3</sup>

<sup>1</sup> Addendum requirement is in addition to a signed Unum broker contract. 2 For all states except NY. See your Unum sales representative for additional information



<sup>3</sup> Compensation other than the standard 5% set forth above is subject to further disclosure in accordance with the company's then-existing disclosure requirements.



### Base commissions: Voluntary Benefits

estimated premium<sup>1</sup> of less than \$5 million. For lines of business with initial estimated premium greater than or equal to \$5 million, the commission rate will be determined at the time of quote.

High/low and flat equivalent schedules are not available for cases with less than 100 eligible lives.

### **Individual Voluntary Benefit commission rates**

Product	High/low				Flat equivalent²		<100 Eligible lives
	First year	Year 2–10	Years 11+		All years		All years
Whole Life Insurance (WL) <sup>4</sup>	85%	5%	2.5%		25%		
Voluntary Individual Life Insurance (VIUL) <sup>5</sup>	90%	5%	2.5%		21%		
Renewable Term Life Insurance	60%	5%	2.5%		19%		
Individual Short Term Disability Insurance (ISTD) <sup>6</sup>	60%	5%	2.5%	or <sup>3</sup>	20%	or	15%
Specified Critical Illness Insurance <sup>7</sup>	70%	10%	10%		22%		
Accident Insurance <sup>8</sup>	65%	5%	2.5%		22%		
MedSupport Insurance <sup>9</sup>	60%	5%	2.5%		18%		
Cancer Insurance (issue age 0–54) <sup>10</sup>	70%	10%	10%	1	22%		
Cancer Insurance (issue age 55+) <sup>10</sup>	40%	10%	10%		16%		

<sup>1</sup> Estimated premium will be determined by Unum at the time of quote.

Illness policies in the states of FL and OR, and MedSupport policies in the states of OR and SD.

<sup>2,4,5</sup> Flat equivalent commission option is subject to state approval where required.

<sup>3</sup> Commissions will be paid to you at the rate(s) selected by you in accordance with the company's then-current policies and procedures.

<sup>6,7,9</sup> For ISTD05, Cl05, and MedSupport policies with a coverage effective date based on application sign date, commissions will be paid at a 10-point rate reduction to the first-year high/low commission rate shown in the table to the left. See your Unum sales representative for broker compensation information on ISTD policies in the state of NH, Specified Critical

<sup>8</sup> For Accident Insurance policies with a coverage effective date based on application sign date, commissions will be paid at a five-point reduction to the first-year high/low commission rate shown in the table to the left. For the states of CO and NH, see your Unum sales representative for broker compensation information.

<sup>10</sup> For Cancer Insurance policies in the states of FL, MD, NH, SD, WA, and WY, see your Unum sales representative for broker compensation information.



### **GROUP VOLUNTARY BENEFITS OFFERINGS**

Replacements of Voluntary Individual Critical Illness, Accident and Hospital Indemnity products with one of the Group Voluntary Benefits products listed below will be paid at the applicable standard, state-specific base commission rates for years 2+.

The following Group Voluntary Benefits schedules are applicable for lines of business with initial

estimated premium<sup>1</sup> of less than \$5 million. For lines of business with initial estimated premium greater than or equal to \$5 million, the commission rate will be determined at the time of quote.

High/low schedules and flat equivalent schedules of 15% or greater are not available for cases with less than 100 eligible lives.

### Group Voluntary Benefits commission rates<sup>2,3</sup>

Product	Funding/rating method	High/low		Flat equivalent²		<100 Eligible lives
Group Critical Illness (GCI) <sup>4*</sup>	Employee-paid with issue-age rates	First year: 70% Years 2–10: 10% Years 11+: 2.5%		22%		15%
Group Critical Illness (GCI)5*	Employee-paid with step rates	Not available		15%		15%
Group Accident (GACC)6*	Employee-paid with composite rates	First year: 60% Years 2–5: 5% Years 6+: 2.5%	or	20%	or	20%
Group Hospital Indemnity (GHI) <sup>7</sup> *	Employee-paid with issue-age rates	First year: 50% Years 2–5: 5% Years 6+: 2.5%		15%		15%
Group Hospital Indemnity (GHI) <sup>8</sup> *	Employee-paid with composite rates	Not available		15%		15%

<sup>\*</sup>Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company.

<sup>1</sup> Estimated premium will be determined by Unum at the time of quote.

<sup>2,3</sup> Commissions will be paid to you at the rate(s) selected by you in accordance with the company's then-current policies and procedures.

<sup>4,5</sup> For all states except FL, MD, MN, NY, and WA. See your Unum sales representative for broker compensation information in these states.

<sup>6</sup> For all states except CO, FL, MD, MN, ND, NH, NY, and WA. See your Unum sales representative for broker compensation information in states.

<sup>7,8</sup> For all states except CO, FL, IN, MD, MN, ND, NM, NY, OH, RI, and WA. See your Unum sales representative for broker compensation information in these states.



### Base commissions: Individual

### **INDIVIDUAL DISABILITY INSURANCE (IDI)**

Underwritten by Provident Life & Accident or Provident Casualty:

Product	First-year commission rate	Years 2–5	Years 6–10	Service fees years 11+
Individual Disability Insurance (IDI) — excludes Employee Paid Plans	50%	5%	2.5%	1%
	30%	5%	2.5%	1%
Multi-Life Discount	25%	2.5%	2.5%	1%
	20%	2.5%	0%	1%
851 Guaranteed Renewable (GR) — 3–9 lives		15%		5%
851 Guaranteed Renewable (GR) — 10+ lives		5%		

### Underwritten by Paul Revere Life or Unum America:

Product	First-year commission rate	Years 2–5	Years 6–10	Service fees years 11+
Individual Disability Insurance (IDI)	50%	5%	2.5%	
	30%	5%	2.5%	2%
Multi-Life Discount	25%	3.5%	1%	
	20%	2.5%	0%	

### INDIVIDUAL DISABILITY INSURANCE (IDI) — ADDITIONAL RENEWALS

Product	Annualized new premium	Years 2–5	Years 6–10	Service fees years 11+
	\$1-\$19,9999	0%	0%	0%
Individual Disability Insurance (IDI)	\$20,000-\$59,000	5%	2.5%	0%
	\$60,000-\$79,000	10%	7.5%	2%
	\$80,000+	12.5%	10%	3%

### INDIVIDUAL LONG TERM CARE INSURANCE (ILTC)

Product	First-year commission rate	Annualized new premium	Years 2–5	Years 6–10	Service fees years 11+
		\$1-\$9,999	5%	5%	2%
Individual Long Term Care Insurance (ILTC) <sup>1</sup>	Age < 75: 50% Age ≥ 75: 40%	\$10,000-\$19,999	7.5%	5%	2%
		\$20,000-\$39,999	7.5%	7.5%	5%
		\$40,000+	10%	10%	5%

1 For the states of DE, IN, MI, and WI, see your Unum sales representative for ILTC compensation information. For premiums paid on policies with an accelerated payment option (APO) rider, commission will be paid as follows:

- One-pay: Fifteen percent (15%) of standard commission percentages in the table above
- Five-pay: Thirty percent (30%) of standard commission percentages in the table above
- Ten-pay and to age 65: Sixty percent (60%) of standard commission percentages in the table above

ILTC included only as part of Lifetime Continuation or Long Term Care Exchange from Customax, LDP, Income Series, or California Income Series individual disability policies.



### Supplemental Commissions: Group

### **ELIGIBLE PRODUCTS INCLUDE:**

- Long Term Disability Insurance (LTD)
- Short Term Disability Insurance (STD)
- Group Voluntary Life, Short Term Disability Insurance and Long Term Disability Insurance
- Life/AD&D Insurance<sup>1</sup>
- Flex products
- Reduced Participation products
- Benefit Advantage: small business employee benefits, 2–9 lives
- Dental
- Voluntary and Employer-paid Vision

- Accident Employee-paid with Composite Rates\*
- Critical Illness Employee-paid with Issue Age rates\*
- Critical Illness Employee-paid with Attained Age rates\*
- Group Critical Illness Employer-paid\*\*
- Hospital Indemnity Employee-paid\*
- Hospital Indemnity Shared Funding\*
- Hospital Indemnity Employer-paid\*
- Group Hospital Indemnity (GHI) Employer-paid\*\*
- Stop Loss

1 Includes Employee and Employer Paid (single contract).

<sup>\*</sup>Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company.

<sup>\*\*</sup>Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company.

### Group supplemental commissions are paid as a percentage of premium received by the company.

In order to qualify for the 2022 Group Supplemental Commissions program,1 you must meet the following requirements between October 1, 2020 and September 30, 2021.

Qualification requirements							
\$25,000 group new-sales premium and 3 new-group coverages	or	\$100,000 group new-sales premium					

### Group supplemental commissions chart

Group* and Voluntary Benefits Inforce Premium		Group inforce coverage credits	Tier level	New-sales premium payment rate	Renewal premium payment rate
>\$15,000,000		>300	1	5.00%	2.00%
\$10,000,000-\$14,999,999	or	200-299	2	4.00%	1.75%
\$5,000,000-\$9,999,999	01	100–199	3	2.50%	1.25%
\$2,000,000-\$4,999,999		40-99	4	2.00%	0.75%
<\$2,000,000	and	<40	none	0%	0%

<sup>\*</sup> For the states of DE, IN, MI, and WI, see your Unum sales representative for ILTC compensation information. For premiums paid on policies with an accelerated payment option (APO) rider, commission will be paid as follows.

#### **PAYMENT**

- Tier-levels, effective January 1, 2022, are based on total group and voluntary benefit inforce premium or group inforce coverage credits as of September 30, 2021.
- Payment is equal to the tier-level percentage multiplied by group products first-year (new-sales) premium and renewal commissionable premiums received by the company.
- Voluntary benefit first-year and renewal premium is excluded from the group supplemental commissions payment calculation.
- Benefit Advantage products will count as one-third of a coverage credit per line of coverage toward tier-level determination.
- Premium for Benefit Advantage/small business employee benefits products will be included for tier-level determination and payment.
- Premium for Stop Loss policies are excluded from tierlevel qualification but paid at 50% first-year and renewal premiums received by the company.
- ASO fees will count toward the inforce premium used in tier-level determination but will be excluded from tier-level payments. ASO coverage credit will also count toward tierlevel determination

- Reserve buy-out disability and retiree life reserves are excluded from tier-level qualification and payment.
- Premiums from policies structured to support captive arrangements are excluded from tier-level qualification and payment.
- Supplemental premiums or payments due to Unum upon termination of alternate funding arrangements are excluded from qualification and payment under the group supplemental commissions program.
- Net of commission cases will be excluded from tierlevel qualification and payment unless proper written authorization is received from the customer and provided to Unum.
- The new-sales premium payment rate will be applied on a maximum of \$5,000,000 of received and earned premium per group coverage per year. Renewal premium payment rate will not be applied until the policy enters its renewal year.
- The renewal premium payment rate will be applied on a maximum of \$10,000,000 of received and earned premium per group coverage per year.

1 2022 Group Supplemental Commissions program is subject to state approval where required.

### Supplemental Commissions: Voluntary Benefits

Voluntary benefit supplemental commissions are paid as a percentage of voluntary benefit first-year premium received by the company.

### **ELIGIBLE PRODUCTS INCLUDE:**

- Group Critical Illness (GCI) Issue-age rated\*
- Group Critical Illness (GCI) Employee-paid with Step Rates\*
- Group Accident\*
- Group Hospital Indemnity Employee-paid\*
- Voluntary Individual Universal Life Insurance (VIUL)
- Whole Life Insurance (WL)
- Renewable Term Life Insurance
- Individual Short Term Disability Insurance (ISTD)
- Individual Specified Critical Illness Insurance
- Individual Accident Insurance
- Cancer Insurance

<sup>\*</sup> Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company.



### PREMIUM QUALIFICATION

Tier levels will be determined for the 2022 calendar year based on the total dollar amount of all VB premiums the broker sold or had inforce as of September 30, 2021.

### VB supplemental commissions chart:

New Voluntary Benefits sales premium		Voluntary Benefits inforce premium	Tier level	Payment rate
\$10,000,000 and greater		\$25,000,000 and greater	1	11.5%
\$2,000,000-\$9,999,999		\$10,000,000-\$24,999,999	2	9%
\$500,000-\$1,999,999	or	\$2,000,000-\$9,999,999	3	6%
\$200,000-\$499,999		\$1,000,000-\$1,999,999	4	3%
Less than \$200,000	and	Less than \$1,000,000	none	0%

### PERSISTENCY QUALIFICATION

- A persistency multiplier will be applied to all brokers and enrollment firms that qualify for the 2022 VB Supplemental Compensation Program and have at least \$1,000,000 of inforce VB business as of September 30, 2021.
- Persistency will be measured for the 12 months prior to that date, and the result will be used to calculate the multiplier.
- The calculated multiplier percentage will be applied to the VB Supplemental Compensation rate determined by premium qualification to determine the final VB Supplemental Compensation payment rate.

### 2022 persistency multiplier chart:

12 months inforce persistency as of 09/30/2021	2022 persistency multiplier
84%+	120%
80%-83.9%	110%
76%-79.9%	100%
72%-75.9%	95%
<72%	90%

#### **PAYMENT**

- Voluntary benefit supplemental commissions are paid as a percentage of voluntary benefit first-year premium received by the company.
- Payments on group voluntary benefit products are calculated as a percentage of first-year (non-annualized) group voluntary benefit commissionable premium received by the company.
- Products covered under the Group Supplemental Program are not eligible for payment or qualification under this program.
- Net of commission cases will be excluded from tier-level qualification and payment unless proper written authorization is received from the customer and provided to Unum.
- For replacements of Voluntary Individual Critical Illness, Accident and Hospital Indemnity products with employee-paid GCI, GA, and GHI plans with issue-age rates and composite rates, no voluntary benefit supplemental commissions will be paid.



### Supplemental Commissions: Individual

### **NEW BUSINESS**

New-business compensation payments on individual products are a percentage of the new net paid annualized individual premium. Payments are retroactive to January 1, 2022, and there are no payment caps.

### Eligible products include:

- Individual Disability Insurance (IDI)
- IDI with multi-life discount

#### New Business commissions chart:

New Net Paid Annualized Individual Disability	Qualification Level	New Business Payment Rate
\$100,000 and greater	1	20%
\$80,000-\$99,999	2	15%
\$60,000-\$79,999	3	10%
\$20,000-\$59,999	4	5%
Less than \$20,000	None	0%

### **INFORCE BUSINESS**

### **Eligible products:**

Individual Disability Insurance (IDI) — Provident IDI policies placed prior to January 1, 1987 are included for eligibility and qualification, but excluded from payment.

### Payment:

Individual Disability Insurance (IDI) — The payment percentage multiplied by qualified IDI renewal collected commissionable premium received during the production year.

### Individual schedule:

Minimum eligibility: \$250,000 of inforce Individual Disability products premium.

### Inforce Business commissions chart:

New net paid annualized Individual Disability premium	Payment percentages based on inforce Individual Disability premium (As of the end of the prior calendar year)		
	At least \$250,000	At least \$1,000,000	At least \$1,750,000
\$250,000 and greater	2%	3%	5%
\$125,000-\$249,999	1.5%	2%	3%
\$60,000-\$124,999	1%	1.5%	2%
Less than \$60,000	0%	0%	0%

### Program information

#### **COMPLIANCE HELPS PROTECT YOU**

As we prepare for another productive partnership year, this is a good time to review your broker contract to make sure you are up to date on the following important points.

### Please remember that:

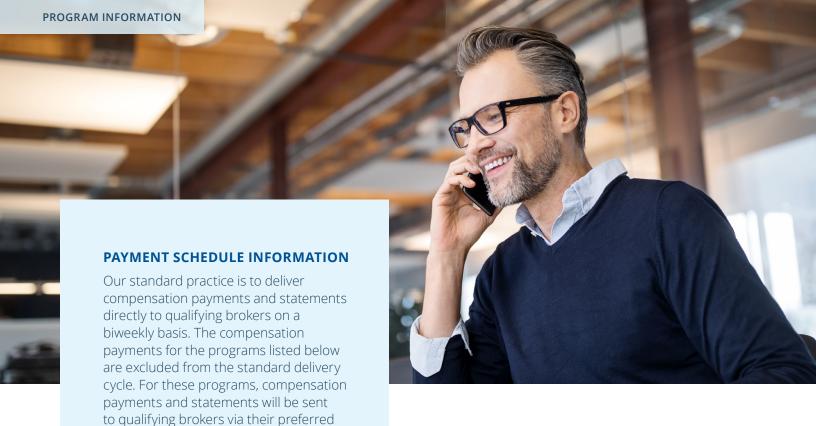
Unum is responsible for all advertising and marketing material that references our products. Our preapproved forms contain detailed and accurate product information and also satisfy legal and regulatory requirements. This material is available to you at services.unum.com. If you need to create your own marketing materials, you must submit them through your Unum representative for our approval before you distribute them.

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At Unum, it's important to us that our customers truly understand the benefits they are buying and how each one protects against a certain type of risk. We are always available to help you learn more about our products and services, and we can provide additional training materials to meet your needs.







delivery method on the following dates.

New Business supplemental compensation

1st Quarter — 04/29/2022

2nd Quarter — 07/29/2022

3rd Quarter — 10/28/2022

4th Quarter — 02/24/2022

Inforce Business compensation

Individual 02/24/2022



If you have questions about any of our compensation programs, please call Ask Unum or your Unum sales representative.

PHONE: 1-800-ASK-UNUM

**FAX:** 1-423-209-3729

**EMAIL:** AskUnum@unum.com

For sales partner services, visit <u>unum.com/salespartners</u>.



The compensation program outlined in this brochure is subject to change. This brochure is not to be construed as a contract between you and Unum. Please refer to your broker contract and compensation schedules for specific details. Unum reserves the right to alter the compensation program at any time, subject to contract limitations.

Insurance products are underwritten by the subsidiaries of Unum Group.

FOR BROKERS