



## Group Insurance Multiple Case Commission Agreement

Companion Life Insurance Company (Companion) agrees to pay commissions to the Agent in accordance with the following group Insurance premiums reported and paid to Companion at its home office in Columbia, South Carolina, on applications for group insurance.

### Commission Schedules

I. <b>True Group Long Term Disability, 10 Plus</b> <i>Portion of Yearly Premium which is:</i>	Percentage of Premiums	
	First Year	Renewal
First \$5,000 of Annual Premium	15.0%	15.0%
Next \$10,000 of Annual Premium	10.0	10.0
Next \$10,000 of Annual Premium	8.0	8.0
Next \$20,000 of Annual Premium	5.0	5.0
All Annual Premiums in Excess of \$45,000	2.5	2.5

  

II. <b>True Group Life, AD&amp;D and STD, 10 Plus</b> <i>Portion of Yearly Premium which is:</i>	Percentage of Premiums	
	First Year	Renewal
First \$5,000 of Annual Premium	15.0%	15.0%
Next \$10,000 of Annual Premium	10.0	10.0
Next \$10,000 of Annual Premium	8.0	8.0
Next \$20,000 of Annual Premium	5.0	5.0
All Annual Premiums in Excess of \$45,000	2.5	2.5

  

III. <b>Dental by Design®</b> , 10 Plus (Contributory/Non-contributory) Voluntary Dental by Design Level 10% <i>Portion of Yearly Premium which is:</i>	Percentage of Premiums	
	First Year	Renewal
First \$10,000 of Annual Premium	10.0%	10.0%
Next \$10,000 of Annual Premium	7.5	7.5
Next \$10,000 of Annual Premium	5.0	5.0
All Annual Premiums in Excess of \$30,000	3.5	3.5

  

IV. <b>Companion Business Plan, Life and STD 2-9 Employees</b>	15.0%	15.0%
V. <b>Companion Business Plan, LTD, 2-9 Employees</b>	15.0%	15.0%
VI. <b>Dental "Cents" Plan, 2-9 Employees and Critical Illness (Regions 2 &amp; 3)</b>	10.0%	10.0%
VII. <b>Voluntary Life, STD, LTD and Critical Illness (Region 1)</b>	15.0%	15.0%
VIII. <b>Voluntary Dental (Voluntary Dental by Design)</b>	10.0%	10.0%
IX. <b>Vision by Design®</b>	10.0%	10.0%

Such commissions shall be payable as long as Companion retains the coverages (such retention being optional with Companion), but such payment shall be subject to and contingent upon (a) continuance of the Agent as the Agent of Record (as accepted by Companion); (b) continued reasonable servicing of the policyholders and cooperation with Companion by the Agent; (c) applicable laws or rulings of Insurance Departments; (d) compliance by the Agent with the reasonable rules and regulations of Companion disclosed to Agent; and (e) commission schedules remaining in effect with Companion Life Insurance Company.

It is the agent's responsibility to review each commission statement for accuracy. In no event will Companion Life pay commissions retroactively more than six months. Agent of record changes will not be effective until acknowledged and approved in writing by Companion Life.

If, because of cancellation of a policy, or for any other reason, any premium or premiums paid upon a policy are returned, the Agent, upon demand, shall repay the amount of commission received by him on premiums so returned.

Executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ACCEPTED FOR AGENT/BROKER**

By \_\_\_\_\_  
*(Signature of Agent/Broker)*

Name \_\_\_\_\_  
*(Type or Print Name of Agent/Broker)*

**FOR HOME OFFICE USE ONLY:**

ACCEPTED FOR COMPANION LIFE INSURANCE COMPANY

By \_\_\_\_\_  
*(Signature of Authorized Representative)*

Agent Code \_\_\_\_\_

# APPOINTMENT CONTRACT

## INSTRUCTIONS TO BECOME APPOINTED & CONTRACTED WITH COMPANION LIFE INSURANCE COMPANY:

1. All information **must be** filled in and this form signed and dated before it can be approved and processed.
2. Attach a photocopy of your current Producer license for all states to be appointed.
3. If Commissions are being paid to an agency, please attach a photocopy of Agency License.
4. If commissions are to be paid to an agency, give Agency Name \_\_\_\_\_  
and Tax ID No: \_\_\_\_\_.
5. **Please submit these documents with your first sold Group Case except for those states that require appointment prior to solicitation.\***

Mr.     Ms.     Mrs.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

### BUSINESS OVERNIGHT MAILING ADDRESS:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

### HOME ADDRESS:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

COUNTY: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NATIONAL PRODUCER NUMBER: \_\_\_\_\_

SEND CORRESPONDENCE TO:  BUSINESS ADDRESS (OR)  HOME ADDRESS

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of, or currently charged with, any felony involving dishonesty or breach of trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of, or currently charged with, committing a crime involving moral turpitude since becoming licensed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | With the exception of credit life and disability insurance agents, are you employed by or associated with any degree, directly or indirectly, a financial institution as defined in section 626.988, F.S.? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of any crime under the Violent Crime Control and Law Enforcement Act of 1994 (18 United States Code, §§1033 and 1034)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an outstanding debt with any insurance company?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been bankrupt or insolvent, either personally or professionally?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has an insurance company ever canceled a contract with you for any reason other than lack of production?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a complaint filed against you by a state or provincial insurance department?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an insurance license denied or revoked by a state or province?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been refused a surety or fidelity bond?  |

**If the answer to any of these questions is "yes," please provide details on a separate sheet of paper.**

By my signature below, I hereby certify that I have reviewed this application and the information contained herein is wholly true, correct and complete to the best of my knowledge and belief. I understand that Companion Life Insurance Company, and/or its affiliates or assignees, hereinafter called (the "COMPANY") may conduct information searches to verify the information contained in this application. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting this application or for termination of my appointment at the sole discretion of the COMPANY. The COMPANY retains sole authority to terminate any appointment subject to applicable laws and regulations.

All applicants and appointed agents must comply with all insurance laws, regulations and insurance department bulletins in the jurisdictions in which appointed. The applicant may not use, distribute, or publish any advertisements (as defined by the laws of the jurisdictions for which the applicant is appointed), solicit materials, or proposal, until all state licensing and appointment and/or contract requirements are met, and you have been advised by the COMPANY. Following applicant's notification of the approved appointment by COMPANY, appointed agent may not use, distribute, or publish any advertisements (as defined by the laws of the jurisdictions for which the applicant is appointed), solicit materials, or proposal which has not been filed with and approved in writing by COMPANY. The applicant and approved agent shall not use COMPANY service or trademarks without the prior written consent of COMPANY. The applicant and appointed agent hereby agree to assist and cooperate with COMPANY regarding any and all insurance department inquiries, complaints or investigations.

**FAIR CREDIT REPORTING ACT DISCLOSURE**

When considering your application for appointment, when making a decision whether to execute an appointment, when deciding whether to continue your appointment (if you are appointed), and when making other appointment related decisions directly affecting you, the COMPANY may obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for agent appointment, you are a "consumer" with rights under the FCRA. A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's character, general reputation, personal characteristics or mode of living. You may also contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies." You have a right to make a written request, with a reasonable period of time, to receive information about the nature and scope of this investigation.

\_\_\_\_\_  
**DATE APPROVED**

\_\_\_\_\_  
**AGENT SIGNATURE**

\_\_\_\_\_  
**DATE APPROVED**

\_\_\_\_\_  
**COMPANION LIFE INSURANCE COMPANY**

<b>*SUMMARY OF PRODUCER APPOINTMENT REQUIREMENTS FOR CURRENTLY LICENSED PRODUCERS</b>				
<b>PRE-APPOINTED STATES</b>				
Georgia (GA)	Montana (MT)	North Carolina (NC)	Pennsylvania (PA)	Washington (WA)
Kansas (KS)		Louisiana (LA)		
<b>NO PRE-APPOINTMENT REQUIREMENTS</b>				
Alabama (AL)	Alaska (AK)	Arkansas (AR)	Arizona (AZ)	California (CA)
Colorado (CO)	Connecticut (CT)	Delaware (DE)	District of Columbia (DC)	Florida (FL)
Hawaii (HI)	Illinois (IL)	Idaho (ID)	Indiana (IN)	Iowa (IA)
Kentucky (KY)	Maine (ME)	Maryland (MD)	Massachusetts (MA)	Michigan (MI)
Minnesota (MN)	Mississippi (MS)	Missouri (MO)	Nebraska (NE)	Nevada (NV)
New Hampshire (NH)	New Jersey (NJ)	New Mexico (NM)	New York (NY)	North Dakota (ND)
Ohio (OH)	Oklahoma (OK)	Oregon (OR)	Rhode Island (RI)	South Carolina (SC)
South Dakota (SD)	Tennessee (TN)	Texas (TX)	Utah (UT)	Vermont (VT)
Virginia (VA)	West Virginia (WV)	Wisconsin (WI)	Wyoming (WY)	

