



## Producer Compensation Disclosure Form

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☐ Check this box and complete this section if your licensed producer's compensation is obtained **ONLY FROM CHARGING A FEE** to the insured employer.

A FEE IN THE AMOUNT OF 5% of the medical rate for the employer plan **will be charged by the producer** \_\_\_\_\_ **(PRODUCER NAME)** for services to the employer \_\_\_\_\_ **(GROUP NAME)** which will be billed and collected by Total Benefit Solutions on behalf of the producer for the term of the employer's plan.

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☐ Check this box and complete this section if your licensed producer's compensation may include any **ADDITIONAL (CONTINGENT) COMPENSATION** such as a commission from the insurance company for the sale of plan coverage to the employer.

The writing producer/agency may receive additional commission in the form of future incentive compensation from the insurer, including contingent commissions and other awards, and bonuses based upon factors that **TYPICALLY INCLUDE THE TOTAL SALES VOLUME, GROWTH, PROFITABILITY, AND RETENTION OF BUSINESS PLACED BY THE INSURANCE PRODUCER WITH THE INSURER**, and incentive compensation is only paid if the performance criteria established in the Agency/Insurer agreement is met by the insurance producer of the business entity with which the insurance producer is affiliated.

**Specific information relating to Additional (Contingent) Commissions will be provided upon request.**

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*By signing below, I understand and approve the producer's compensation described above.*

INSURED PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PRODUCER PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_