



## 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 \_\_\_\_\_