

AGENT COMPENSATION DISCLOSURE

The Consolidated Appropriations Act (CAA) requires health insurance agents to disclose compensation earned on health plans to plan fiduciaries for contracts entered into or renewed on, or after, December 27, 2021. In accordance with the law, the insurance agent provides this compensation disclosure to the plan fiduciary in advance of the contract or arrangement being entered into, extended, or renewed. Accordingly, the agent/agency has listed their compensation calculation below.

Employer/Group Name	Broker Name
Coverage placement date(s):	Brokerage Agency
Employer/Group Address	

A description of the services provided to your group health plan is:

I, the insurance agent/agency(or my affiliate or subcontractor) ☐ DO ☐ DONOT expect to provide services to the health plan as a fiduciary.

I, the insurance agent/agency(or my affiliate or subcontractor), expect to receive compensation as follows in connection with the aforementioned anticipated services:

Coverage Line	Carrier / Vendor	PEPM or Commission Percentage
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Other Compensation

The Agent/Agency may earn additional compensation from any of the above-referenced insurers, vendors, or other third parties that cannot be calculated as of the time this disclosure is made to you or before the date the Agent/Agency's executed, extended, or renewed contract with you is effective. For example, the Agent/Agency may receive additional compensation contingent upon certain conditions being met, including, but not limited to, profitability, growth, churn/retention, or the volume of services provided. Compensation may be in the form of additional commissions, bonuses, benefits ("compensation"), or plan termination fees. Furthermore, we may also receive third-party sponsorship in our training and marketing programs, along with sales incentive trips, gifts, and entertainment.

This disclosure document includes the disclosures _____ Agent/Agency Name
is required to make in accordance with the federal law. Any other agent that is subject to this disclosure requirement is required to make its own independent disclosure and such disclosure is not included in this notice.

Please feel free to contact us if you have any questions about any of the above information or require additional information. By signing below, you acknowledge that you have received a copy of this Compensation Disclosure and read and understand the information contained herein. If you do not return this disclosure within ten business days of your receipt, it will be deemed to have been accepted by you.

Signature

Date:

Print Name

Title

Client Name