



**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 coverage's with effective dates on or after April 1, 2002.

**Commission Schedules**

	<b>Percent of Premiums</b>	
	<u><b>First Year</b></u>	<u><b>Renewal</b></u>
<b><u>Companion/TDA Dental Products</u></b>		
Dental 2-49 Employees	8.0%	8.0%
Dental 50-99 Employees	6.0%	6.0%
Dental 100+ Employees	4.0%	4.0%
<b><u>Companion Life Products</u></b>		
Companion Business Plan Life, STD, LTD		
For 2-9 Employees	15.0%	15.0%
Voluntary Life, STD, and LTD	15.0%	15.0%
<b><u>True Group Life, AD&amp;D, STD and LTD</u></b>		
10 Plus Employees		
Portion of Yearly Premium which is:		
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%

Such commissions shall be payable as long as Companion retains the coverage's (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; and (e) commission schedules remaining in effect with Companion Life Insurance Company.

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/her on premiums so returned.

Executed this date \_\_\_\_\_

Accepted for Agent/Broker

By: \_\_\_\_\_

(Signature of Agent/Broker)

Name: \_\_\_\_\_

(Type or Print Name of Agent/Broker)

Home office use only:

ACCEPTED FOR COMPANION LIFE

By: \_\_\_\_\_

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