



AAIC OFFICE USE ONLY

State: _____ Existing Agent ___ New Agent
 ___ Individual ___ General Agency ___ Resident ___ Non-Resident
 Referring GA: _____ P+ Entry Date: _____

**AMERICAN ALTERNATIVE INSURANCE CORPORATION
 APPLICATION FOR CONTRACT AND APPOINTMENT
 PROFILE AND BACKGROUND INVESTIGATION AUTHORIZATION**
(Print or Type All Information; Read, Sign, and Return All forms to Allied National. Electronic copies of this application submitted via facsimile, email, or other electronic means shall be deemed an original.)

PERSONAL INFORMATION

Name _____ SSN _____
 Date of Birth _____ National Producer Number _____
 mm/dd/yyyy
 Home Address _____
 City _____ State _____ Zip Code _____ Home Phone (____) _____
 (If less than 7 years, provide previous address)
 Prior Home Address _____
 City _____ State _____ Zip Code _____ Home Phone (____) _____
 Business Address _____
 Business Phone (____) _____ Fax # (____) _____

AGENCY INFORMATION

Company Name: _____ Federal Tax ID #: _____
 List Agency Insurance License Number(s) and States (**Attach copies**) _____
 Agency Type: Corporation Partnership LLC LLP
 Indicate other Principal parties in Company, list Officers of the Agency:
 Name: _____ Title: _____ SSN: _____
 Name: _____ Title: _____ SSN: _____
 Name: _____ Title: _____ SSN: _____

FINANCIAL (Attach additional information if necessary)

Have you or your company:

- Declared Bankruptcy? Yes No
- Been a defendant in a lawsuit? Yes No
- Had, or currently have, any outstanding and/or unsatisfied judgments or liens against you? Yes No
- Ever been involved in a business venture that failed? Yes No

If you have answered **Yes** to any of the above, attach a detailed explanation.

LICENSING INFORMATION (*All Agents must submit copies of all current Resident and Non-Resident Licenses*)

Type of License: A & H or Sickness Health Disability P&C Producer Agent Broker
 How long have you been in the A & H field? _____ Health Field? _____ Disability Field? _____
 Are you in the insurance business full-time? Yes No If no, state other business _____
 With which other companies are you presently appointed? _____

Miramar c/o John Barringer - ILL



American Alternative Insurance Corporation

BACKGROUND INFORMATION

- Have you ever been investigated or fined by an Insurance Regulatory Authority? [] Yes [] No
Has your insurance license ever been suspended or revoked? [] Yes [] No
Have you ever been convicted of, pleaded guilty to, or entered a plea of "nolo contendere" (no contest) to a felony? [] Yes [] No
Have you ever been convicted of, pleaded guilty to, or entered a plea of "nolo contendere" (no contest) to an offense under 18 U.S.C. Section 1033? [] Yes [] No
Have you ever had a bond cancelled or declined? [] Yes [] No
Are you now the subject of any complaint, investigation, or proceeding that could result in a "Yes" answer to any of the above questions? [] Yes [] No
If you have answered "Yes" to any of the above questions, please attach a detailed explanation.

*18 U.S.C. Section 1033 prohibits any individual who has been convicted on any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under Section 1033, from willfully engaging in the business of insurance, unless that person has the written consent of an insurance regulatory official authorized to regulate the insurer. In addition, an insurer is prohibited from willfully permitting such a person to participate in the business of insurance. By signing this application below, you acknowledge that AAIC is relying upon your responses to these questions, among other reasons, to assure its compliance with this federal law. You also agree to advise AAIC immediately in the event you are convicted of, plead guilty to, or enter a plea of "nolo contendere" to any such offense in the future while your appointment as an agent or producer of AAIC is in effect.

I hereby certify that the above information is true and correct.

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

This Disclosure and Authorization is provided to you in connection with your request for appointment as an agent or producer by American Alternative Insurance Corporation ("Company") in one or more states within the United States. Company requests authorization to procure a consumer or investigative consumer report (or both) regarding your background for review by the Company for purposes of your functioning as, or seeking to function as, agent or producer ("Agent") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Agent appointment. Background Reports requested pursuant to your authorization may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The purpose of such Background Reports will be to evaluate the appointment and your background as it pertains thereto. To the extent required by law, the Background Reports Company procures under this Disclosure and Authorization will be maintained as confidential. Upon written request, you may obtain from Company copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am seeking appointment as an Agent of the Company as defined above. I have read the above Disclosure and Authorization, and by my signature below I consent to the release of Background Reports to the Company for the purpose of investigating and reviewing such proposed appointment and my status as an Agent. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for the purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law. My signature also acknowledges that I have read and understand the attached "Summary of Your Rights Under the Fair Credit Reporting Act."

I understand that I may revoke this Disclosure and Authorization at any time by delivering a written revocation to Company, and Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Signature of Applicant Date
Printed Name of Applicant Miramar c/o John Barringer

PRODUCER COMMISSION AGREEMENT

ALLIED NATIONAL, INC., 911 Broadway, Kansas City, MO, 64105, a Third Party Administrator for insurance companies that underwrite the insurance coverage referenced below, herein called Allied, and First Party, the Producer named below, in consideration of the following promises and covenants, AGREE AS FOLLOWS:

1. First Party may submit applications for insurance coverage administered by Allied. On issued certificates, First Party will receive as full compensation the commissions provided under the attached Schedule of Commissions.
2. First Party has no authority to make or alter any certificate, to extend the time of payment of monthly charges, to waive or extend any certificate term, provision, obligation or condition, or to receive any monthly charge due on any certificate.
3. First Party shall not place applications until and unless properly licensed (and appointed, if required) by law.
4. Commissions shall be payable to First Party or its legal representative. The Schedule of Commissions may be modified by Allied at any time upon written notice to First Party. No assignment of commissions (earned or accrued, or to be earned or accrued) shall be binding upon Allied without its written consent.
5. Commissions shall be payable with respect to any Employer or Insured unless Allied receives written notice from the Employer or Insured that First Party is no longer authorized to act as their agent.
6. Any monthly charges for issued certificates received by First Party shall be promptly paid to Allied.
7. If for any reason coverage under an issued certificate for which First Party is agent is rescinded, terminated retroactively, terminated early, delayed or otherwise modified, or premiums are reformed or otherwise adjusted, First Party hereby agrees to reimburse any and all excess commissions paid on such coverage or premiums. .
8. Allied may, at any time, deduct from any monies due First Party, any indebtedness of First Party to the insurance company or Allied, together with interest at the maximum legal rate and any collection costs incurred by Allied.
9. This Agreement may be terminated for cause by Allied upon written notice to First Party, if First Party:
 - a) withholds any commissions, monthly charges or other monies due the insurance company or Allied;
 - b) fails to comply with applicable law or regulation, or any policy or procedure of Allied or the insurance company;
 - c) knowingly misrepresents any coverage, product or service offered through Allied;
 - d) knowingly or negligently fails to comply with a material term of this Agreement in any manner;
 - e) defrauds or attempts to defraud Allied or the insurance company;
 - f) has any required license revoked or non-renewed;
 - g) uses any advertising materials not authorized by Allied or the insurance company;
 - h) knowingly furnishes false information, or fails to disclose information, of a material nature to Allied; or
 - i) dies, or is dissolved, liquidated or sold, but such termination will be no sooner than one year following the event.
10. If this Agreement is terminated for cause by Allied, First Party shall not be entitled to any commissions which would otherwise be payable under this Agreement, including renewal commissions, effective as of the date of termination. Either party may terminate this Agreement without cause upon 10 days written notice to the other party.
11. This Agreement constitutes the entire contract between the parties hereto. Any amendment to this Agreement shall be in writing, effective as of the date executed by Allied.
12. Allied retains the right to decline acceptance of any application for coverage, to change or withdraw any insurance certificate, or to change or discontinue any product or service at any time.
13. First Party acknowledges it may receive certain non-public, personal information of individuals insured under coverage administered by Allied ("Clients"). First Party shall:
 - a) securely and privately maintain the confidentiality of all non-public, personal information of Clients ("Client Information") pursuant to applicable state and federal privacy laws and regulations, and covenants and agrees not to use, disclose or in any manner reveal the Client Information other than as necessary for insurance purposes contemplated by this Agreement, to effect, administer or enforce transactions on behalf of and requested by Clients, or to comply with applicable laws or regulations; and
 - b) defend, indemnify and hold Allied harmless from all loss, costs, judgments, settlements, fines, assessments, penalties or other monetary expenditures, including reasonable attorney fees, incurred by Allied, as a direct or indirect result of a violation by First Party of this paragraph 13 of this Agreement.
14. First Party hereby authorizes and consents to receipt of communication from Allied for all purposes as contemplated by and during the term of this Agreement, whether by phone, fax, e-mail, direct mail or any other form of communication.

Effective this _____ day of _____, _____ .

First Party

Producer Name (Please Print): _____

SSN or Tax ID # _____

Signature: _____ Title: _____ Date: _____

Allied

_____ Date: _____

Allied National, Inc. Raymond Y. Fushimi, Executive Vice President

Return to: Insurance Services of America
1757 E. Baseline Road, Suite 126
Gilbert, AZ 85233

AA



BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement"), entered into this ____ **day of** _____^{Month}
____ (the "Effective Date"), by and between the Producer who signs this Agreement ("Business
^{Year}Associate") and American Alternative Insurance Corporation ("Covered Entity").

BACKGROUND

WHEREAS, Allied National, Inc. has executed a Producer Commission Agreement with Business Associate.

WHEREAS, Allied National, Inc. has entered into an agreement with and acts as a third party administrator for Covered Entity.

WHEREAS, Covered Entity is subject to certain regulations as a result of its being a covered entity pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"). The purpose of this Agreement is to ensure compliance by Covered Entity and Business Associate with respect to 45 CFR Parts 160 and 164 (or as they may be amended or redesignated), the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") and Health Insurance Reform: Security Standards ("Security Rule"); and

WHEREAS, this Agreement establishes the terms and conditions under which Business Associate may use and/or disclose protected health information ("PHI") as that term is defined in the Privacy Rule. Business Associate will regularly receive and/or create PHI in the course of fulfilling its duties pursuant to the Producer Commission Agreement. The parties agree that all terms not defined herein shall be defined in accordance with the Privacy Rule and Security Rule; and

WHEREAS, all provisions of the Producer Commission Agreement which are not amended by this Agreement are ratified and confirmed by the parties and shall continue in full force and effect. All terms defined in the Producer Commission Agreement, but not defined in this Agreement shall have ascribed to them the same meanings as those set forth in this Agreement. In the event of a conflict between a specific term of this Agreement and the Producer Commission Agreement, the term of this Agreement shall control.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, and intending to be legally bound, the parties agree to the following:

1. INCORPORATION OF BACKGROUND. The background provisions set forth above (including without limitation, any defined terms set forth therein) are hereby incorporated by reference and made a part hereof.
2. PERMITTED USES AND DISCLOSURES OF PHI BY BUSINESS ASSOCIATE.

2.1. General Uses and Disclosures. Business Associate may use or disclose PHI in order to perform the functions and activities delineated in the Producer Commission Agreement, provided that such use or disclosure would not violate the Privacy Rule or Security Rule if performed by Covered Entity.

2.2. Specific Uses and Disclosures.

2.2.1. Data Aggregation Services. If required and/or permitted under the Producer Commission Agreement, Business Associate may use PHI made available to it from Covered Entity with the PHI received by it as a Business Associate from another entity for data analyses related to the respective operations of Covered Entity and another covered entity.

AMERICAN ALTERNATIVE INSURANCE CORPORATION
BUSINESS ASSOCIATE AGREEMENT

2.2.2. Management and Administrative Uses. If required and/or permitted under the Producer Commission Agreement, Business Associate may use the PHI it receives from Covered Entity for the proper management and administration of Business Associate, or to carry out the legal responsibilities of Business Associate.

2.2.3. Management and Administrative Disclosures. If required and/or permitted under the Producer Commission Agreement, Business Associate may disclose the PHI it receives from Covered Entity for the proper management and administration of Business Associate, provided that (a) the disclosure is Required by Law; or (b) Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that it will be held confidentially and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person; and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

3. OBLIGATIONS OF BUSINESS ASSOCIATE. With respect to its use and/or disclosure of PHI, Business Associate shall:

3.1. not further use or disclose PHI other than as permitted by this Agreement or as otherwise Required by Law;

3.2. use appropriate safeguards to prevent use or disclosure of PHI other than provided in this Agreement;

3.3. mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Agreement;

3.4. report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, within ten (10) days of Business Associate's discovery of the unauthorized use and/or disclosure;

3.5. require that if Business Associate uses any agents, representatives or subcontractors pursuant to its obligations under this Agreement and/or the Producer Commission Agreement, that each of these entities agree to the same restrictions and conditions that apply to Business Associate with respect to PHI received from, or created or received by Business Associate on behalf of Covered Entity;

3.6. provide access, in a reasonable time and manner agreed to and at the request of Covered Entity, to an individual to inspect and copy their own PHI held by Business Associate if such information is maintained in a Designated Record Set, by Business Associate;

3.7. amend an individual's PHI that Covered Entity directs or agrees to and notifies Business Associate accordingly, whether at the request of Covered Entity or the individual, in a reasonable time and manner agreed to by Covered Entity if such PHI is held by Business Associate in a Designated Record Set;

3.8. document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of the disclosures of their PHI in accordance with the Privacy Rule; and

3.9. make its internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to Covered Entity, or at the request of Covered Entity to the Secretary of the Department of Health and Human Services for purposes of determining Covered Entity's compliance with the Privacy Rule.

3.10. With regard to the Security Rule, Business Associate shall:

AMERICAN ALTERNATIVE INSURANCE CORPORATION
BUSINESS ASSOCIATE AGREEMENT

3.10.1. implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the Security Rule;

3.10.2. ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it;

3.10.3. report to Covered Entity any security incident of which it becomes aware; and

3.10.4. authorize termination of this Agreement and the Producer Commission Agreement pursuant to Section 7.2 if Covered Entity determines that Business Associate has violated a material term of this Agreement.

4. OBLIGATIONS OF COVERED ENTITY.

4.1. Covered Entity shall notify Business Associate of any limitation(s) in its Notice of Privacy Practices to the extent such limitation may affect Business Associates' use or disclosure of PHI.

4.2. Covered Entity shall notify Business Associate, in a timely manner, in writing, of any restrictions requested by an individual which are agreed to by Covered Entity to the extent such changes affect Business Associate's permitted or required uses and disclosures of such individual's PHI.

4.3. Covered Entity shall notify Business Associate, in a timely manner, in writing, of any changes in, or revocation of, permission by an individual to use or disclose the individual's PHI, to the extent such changes affect Business Associate's permitted or required uses and disclosures of such individual's PHI.

5. MUTUAL REPRESENTATION AND WARRANTY. Covered Entity and Business Associate represent and warrant to the other that the members of its workforce and any other individuals or entities whose services are used to fulfill the obligations of this Agreement will be informed of the terms of this Agreement, and that such individuals or entities are legally obligated to comply with all provisions of this Agreement.

6. TERM. This Agreement shall remain in effect from the Effective Date and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information which are satisfactory in the sole judgment of Covered Entity.

7. AUTOMATIC TERMINATION AND TERMINATION FOR CAUSE.

7.1. This Agreement shall automatically terminate without any further action of Covered Entity and Business Associate upon the termination or expiration of the Producer Commission Agreement. In such event, the provisions of Section 7.3 shall apply.

7.2. In the event that Covered Entity determines that Business Associate has materially breached this Agreement, Covered Entity may immediately terminate this Agreement and the Producer Commission Agreement and the provisions of Section 7.3 shall apply.

7.3. Effect of Termination.

7.3.1. Upon termination of this Agreement, Business Associate shall within ten (10) days return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall retain no copies of PHI. This provision shall apply to PHI that is in the possession of all agents, representatives and subcontractors of Business Associate.

AMERICAN ALTERNATIVE INSURANCE CORPORATION
BUSINESS ASSOCIATE AGREEMENT

7.3.2. In the event that Business Associate determines that returning or destroying PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

8. SURVIVAL. The respective obligations and rights of Business Associate under Section 7.3 shall survive the termination of this Agreement.

9. WAIVER. The failure of Covered Entity to exercise or enforce any right conferred upon it hereunder shall not be deemed to be a waiver of any such right nor operate to bar the exercise or performance thereof at any time or times thereafter, nor shall a waiver of any right hereunder at any given time be deemed a waiver thereof for any other time.

10. AMENDMENT. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of HIPAA, the Privacy Rule and the Security Rule.

11. INTERPRETATION. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy Rule and the Security Rule.

IN WITNESS WHEREOF, the duly authorized representatives of the parties have executed this Agreement as of the date first written above.

Business Associate:

Agency Name: _____

By: _____
(Signature)

Name: _____
(Print Legibly or Type)

Title: _____

Date: _____

American Alternative Insurance Corporation:

By: Barbara C. Goryca
(Signature)

Name: Barbara C. Goryca
(Print Legibly or Type)

Title: Assistant Vice President

Date: _____

Miramar c/o John Barringer - ILL

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

AGENT SCHEDULE OF COMMISSIONS
For all business effective on or after 11/1/07

Commissions are paid only on earned premium. Fees are not commissionable.
 Group size is determined by number of lives at time of issue or renewal.

AIG American General Underwritten Plans

Coverage Type	Group Size	First Year	Renewals
Dental	All Size Groups	10%	10%
Life and Disability, Standard Plan	All Size Groups	15%	10%
Life and Disability, Custom Plan	10 to 24 Lives	15%	10%
Life and Disability, Custom Plan	25+ Lives	12%	8%

American Alternative Insurance Underwritten Plans

Product(s)	Group Size	First Year	Renewal
Cost Saver	2 to 1000	10%	10%
Cost Saver + Major Medical	2 to 50	7%	7%
Premium Advantage No Deductible Health Savings Account	2 to 24	6%	5% only if below minimum volume, see note below.
Premium Advantage No Deductible Health Savings Account	25 to 50	5%	4.5% only if below minimum volume, see note below.
Temporary Medical	NA	15%*	Not Applicable
*TEMPORARY HEALTH BONUS: Any month in which your commission statement includes ten (10) months of commissionable premium for the Temporary Health plan a bonus of 5% of premium will be paid.			

Note: Renewal commissions on Premium Advantage, No Deductible and Health Savings Account are reduced if agent has less than 3 active group cases in force at time of renewal (not applicable in Texas). **All** Allied group plans (health, dental, life and disability) count towards meeting this requirement.

Marketing Organization	Product	First Year	Renewal
Ben-e-lect	Group Health	7%	7%

Guarantee Trust Life Underwritten Plans

Marketing Organization	Product	First Year	Renewal
Sharp Health Plan	Dual Option & Out of Area PPO	7%	7%
	Group Term Life	7%	7%
	Cost Saver Limited Benefit Plan	10%	10%
Healthland	Grower's Plan	5%	5%