



Employers Group Trust

Commissions will be paid monthly, beginning on the effective month of the insurance or anniversary thereof. Each monthly payment will be determined by applying the following schedule to the collected monthly premium.* **Commission payments are released when the total commission payable meets or exceeds \$50.00.**

Commission Schedule

Rates of Commission on all Premium Amounts

All Policy Years 15%

**Premium excludes any administrative fees.*

All commission fees will be paid so long as; 1) you are licensed by the applicable State Insurance Department to sell the insurance provided by the policy; 2) you service the business; 3) the policyholder recognizes you as the agent or broker of record; 4) premium is paid; 5) the policy remains in force; and 6) our current rates and procedures remain unchanged.

It is agreed upon that, any overpayment of commissions which may occur due to a clerical error; decrease in annual premium; cancellation of the group; dishonored checks or other causes will be returned to EMPLOYERS GROUP TRUST. It is further agreed that EGT is authorized to secure any existing or future amounts owed from earned moneys due on other cases.

The Trust shall not be affected by any assignment of the commission's payable under this Agreement until it shall have consented there to in writing. The Trust shall not be responsible for the validity, sufficiency or effect of any assignment as to which it shall have given such consent.

This agreement is to be signed. It shall not be binding on the Trust until it shall have been signed by the Administrator of the Trust and no agreement not signed by the Administrator shall be effective as against the Trust.

The cashing of the first compensation check issued constitutes acceptance of this commission agreement.

Recipient hereby certifies that he/she is licensed to sell the above insurance in the state of _____, the state in which the above Policy is issued, License Number _____, effective _____ year _____.

REMINDER: Attach copy of your current life, accident and health license and errors and omissions certificate from the state where the case was written.

***If commissions are split, each recipient must complete a Commission Agreement.**

Commissions made payable to: _____
Agency and or Agent

Print Name of Recipient/Agent _____

Signature _____

Agent Mailing Address (Please Print) _____

Date _____

E-mail Address _____

By: AmWINS Group Benefits, Inc.
Trust Administrator

Social Security No. or Federal ID No. _____

Date _____

Telephone Number _____ Fax Number _____