



DOWNSTREAM AGENT COMMISSION AGREEMENT

Between Central Health Plan of California (CHPC) and:

Agent Name _____ **Agent License #** _____

The undersigned (herein called "Agent") acknowledges and agrees that by affiliating with a general agency ("GA"), Agent hereby releases Central Health Plan of California ("CHPC") from liability for payment of any commissions or compensation which may become due and payable for services performed by Agent in marketing Medicare Advantage products offered by CHPC as of the effective date of Agent's affiliation with GA.

On and after the effective date, the GA named by Agent as its GA Affiliation below ("GA Affiliation") is solely responsible for paying any compensation to the Agent for commissions or compensation which may become due and payable for services performed by Agent in the course of marketing products offered by CHPC. Any and all commissions dictated by CHPC for Agent's services performed on and after the effective date will be paid directly to the GA Affiliation, and Agent shall look only to the GA Affiliation, and not to CHPC, for payment of any compensation owed to Agent. CHPC shall not be made liable for any indebtedness due to Agent from GA Affiliation.

Further, Agent acknowledges and agrees that the commission payable as Agent's agreed upon rate within its contract with its GA Affiliation is adequate and appropriate for the services rendered related to CHPC. Agent accepts said rate payable by its GA Affiliation in complete satisfaction of Agent's services related to CHPC and discharges CHPC of any and all monetary and non-monetary obligations owed to Agent by GA Affiliation.

Agent acknowledges that this agreement is contingent upon CHPC's approval of Agent's affiliation request, and that requests may be approved or denied in accordance with CHPC's policy on affiliation changes and/or at CHPC's sole discretion. In the event that Agent is currently contracted directly with CHPC and CHPC accepts and approves Agent's request to affiliate with GA Affiliation, CHPC and Agent mutually agree to waive any required termination notification provisions in the direct contract between CHPC and Agent and agree to terminate the direct contract without cause on the date approved by CHPC.

Please select one of the following:

- ☐ **New agent certifying with CHPC for the first time**
- ☐ **Current agent remaining with the same agency**
- ☐ **Current agent with approved affiliation change**

Which counties do you typically work in or expect to certify for?

- ☐ Los Angeles ☐ Orange ☐ San Bernardino ☐ Riverside
- ☐ San Joaquin ☐ San Benito ☐ Ventura
- ☐ Other _____

NOTE: Current agents must complete all steps of the affiliation change request process and receive approval from CHPC prior to submitting this agreement for their new GA Affiliation. A signature alone on this agreement does not constitute a valid request to change affiliation.

Agent Signature: _____ **Date of Signature:** _____

Agent Email Address: _____

Name of GA Affiliation: Applied General Agency, Inc.

Date and signature must be handwritten – no typing or electronic signatures permitted. Please scan and send via email to certs@appliedga.com and brokers@centralhealthplan.com.

Fax 888-293-6805

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