

**Health Care Service Corporation,
a Mutual Legal Reserve Company**

**Amendment to HCSC Standard Producer Agreement:
Individual Case Commission Agreement**

This amendment is entered into this ____ day of _____, _____ by and between _____ Producer and Health Care Service Corporation, a Mutual Legal Reserve Company (herein after referred to as "HCSC") and modifies the HCSC Standard Producer Commission Agreement that was entered into by and between the parties on the ____ day of _____, _____.

Now, therefore, in consideration of the mutual promises and covenants contained herein and therein, the parties hereto agree to modify the Agreement by adding the following language to the end thereof:

I. Table of Commissions. The Following Table of Commissions applies to:

Name of Account: _____
Effective Date of Account: _____
Billing Number: _____
Group Number(s): _____
Section Number(s): _____

Commission Rate

The first year is the period between ____, and, ____. A renewal is the period between the successive anniversaries of the policy date. **The HCSC case underwriter must verify all rates entered on these agreements.**

*** Note: For standard split commission cases, please indicate the split percentage by Producer under the commission rate. The split percentages will be applied accordingly per the terms of the standard compensation schedule.**

Underwriter Signature

Date

II. Notification to Employer Group

- A. Producer is required to disclose in writing to the Employer Group information relevant to commissions received under the terms of this agreement, and to disclose whether Producer is adjusting rates quoted by HCSC.
- B. Upon inquiry from Employer Groups, HCSC will provide information to the Employer Group regarding commissions paid and any rate adjustments made by the Producer.

III. Entire Agreement

- A. This Agreement represents the entire Individual Case Commission Agreement between the Producer and HCSC for the above-specified account. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, between HCSC and the Producer.

In the event of an inconsistency or ambiguity between this amendment and the agreement, the terms of this amendment shall govern and control as it relates to the compensation to be paid, rights and responsibilities relating to the sale, delivery, and servicing of the account identified in this amendment.

All remaining terms and conditions of the agreement remain in full force and effect. The commission specified herein are case specific to the account(s) listed herein and apply only to commissions due on the specified account(s). Accepted and agreed:

PRODUCER

HEALTH CARE SERVICE CORPORATION

Authorized Signature

HCSC Vice President Signature

Printed Name

Printed Name

Date

Date

**Company Name from current IDOI
License**

HCSC Manager Signature

Tax Id Number from current IDOI License

Date

District

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