

# Employers Dental Trust Agent Commission Agreement

Commissions will be paid on a monthly basis for a plan year that is 12 calendar months from the effective date of the insurance or from the anniversary date of each successive plan year. Each monthly commission payment will be determined by applying the following commission schedule to the collected monthly premium, excluding administrative fees. Commission payments are released when the total commission payable meets or exceeds \$50.

Annual Premium Rate of Commission	
First \$10,000	10%
Next \$10,000	7.5%
Next \$10,000	5%
Next \$20,000	2.5%
Thereafter	1.5%

## Commission Schedule

All commission fees will be paid as long as: 1. You are licensed by the applicable State Insurance Department to sell the insurance provided by the policy, and you are properly appointed with the underwriting insurance company, 2. You service the business, 3. The participating employer recognizes you as the agent or broker of record, 4. Premium is paid, 5. The plan remains in force, 6. Our current rates and procedures remain unchanged.

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

The Trust shall not be affected by any assignment of the commissions payable under this agreement until it shall have consented thereto in writing. The Trust shall not be responsible for the validity, sufficiency or effect of any assignment as to which it shall have give 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.

**Reminder:** Attach a 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.

Recipient certifies that he/she is licensed in the following state\_\_\_\_\_.

Commissions made payable to: \_\_\_\_\_

Agent and/or Agency

\_\_\_\_\_  
Writing Agent Name/Signature

\_\_\_\_\_  
Mailing Address (please print)

By: *The National Employee Benefit Companies, Inc.*

\_\_\_\_\_  
Trust Administrator

\_\_\_\_\_  
Social Security No. or Federal ID No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Agent Email Address