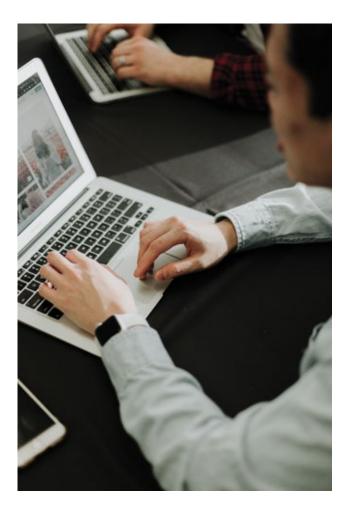


## BENEFITS REFERRAL PROGRAM



## REQUIRED INFORMATION FOR COMMISSION PAYMENT

To pay a commission to your company on benefits, we need the following:

- **1.** W-9
- 2. Copy of the agency license AND your agent license
- **3.** Copy of the agency's E&O certificate reflecting \$1M per claim / \$2M aggregate limits

Note: Names (both agency or agent) on all three of the above requested documents must match.

If an agent is part of an agency, but submits all documents in their (the agent's) name, we cannot pay the agency; rather payments will be in the agent's name.

If you only submit documents in the agency's name, please provide a copy of at least one agent's health license.

## **COMMISSION VALUES**

- Aetna Master Policy: FrankCrum receives 4% of the premium and the broker receives 20% of FrankCrum's share
- Open Market Quotes: Commissions vary based on carrier

## **COMMISSION DATES**

Commissions are calculated quarterly based on the premium(s) received.

Your agency will receive commissions around the 20th of the month following the quarter in which the premium(s) was received:

1st quarter January to March
2nd quarter April to June
3rd quarter July to September
4th quarter October to December

1st quarter April
2nd quarter July
3rd quarter October
4th quarter January