**BROKER COMPENSATION DISCLOSURE FORM**

The following constitutes \_\_\_(Broker Name / Agency)\_\_\_ (the “Company”) disclosure of direct and indirect compensation the Company will receive or reasonably expects to receive for the period of \_\_\_\_\_\_\_\_\_\_\_\_, 202\_ through \_\_\_\_\_\_\_\_\_\_\_\_ 202\_ in connection with the below referenced services it provides to CLIEN’TS NAME (the “Client” or “you”):

**Brokerage and consulting services include:**

* **Selection of insurance products (including dental and vision);**
* **Recordkeeping services**
* **Selection of medical management vendors**
* **Benefits administration (including dental and vision)**

**Selection, placement, enrollment, and servicing of all**

**products and services related to the health plan including:**

* **Stop-loss insurance**
* **Pharmacy benefit management services**
* **Wellness services including wellness design and management services**
* **Transparency tools and vendors**
* **Group purchasing organization preferred vendor panels**
* **Disease management vendors and products**
* **Compliance services**
* **Employee assistance programs**
* **Third party administration services**
* **And development of plan design**

**HR/Compliance**

* **Access to HR360**
* **WrapSPD creation**
* **Pop document creation**
* **Complimentary benefit notices**
* **Federal COBRA services for groups of 20+**
* **Newsletters/updates**

**Administrative & Enrollment Services**

* **Bill/invoice support and reconciliation**
* **Claims support**
* **Policy and general questions**
* **Onboarding and offboarding services**
* **Automated renewal process**

The Company *does not provide* [\_\_\_] *or does provide* [\_\_\_] the above-referenced services to Client in the capacity of a plan fiduciary.

The Company reasonably expects to receive direct compensation for the placement of the below lines of coverage in the form of either a per employee per month (“PEPM”) fee or a commission paid by the carrier or vendor, in the amount indicated below:

|  |  |  |
| --- | --- | --- |
| **Coverage Line** | **Carrier / Vendor** | **PEPM, Standard Commission, Commission Schedule, or Compensation Calculation** |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |
|  |  | PEPM: $  Commission: $ |

**Indirect Compensation**

In addition to the above, the Company reasonably expects to receive the following indirect compensation:

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Indirect Compensation** | **Amount of, or Description of Calculation for, Indirect Compensation** | **Services for Which Indirect Compensation Will be Received** | **Payer of Indirect Compensation** |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |

**Other Compensation**

The company may earn additional compensation from any of the above referenced insurers, vendors or other third parties that cannot be calculated as of the time this disclosure is made to you, or prior to the date of the Company’s executed, extended, or renewed contract with you is effective. For example, the Company may receive additional compensation contingent upon certain conditions being met, including, but not limited to, profitability, growth, churn/retention, or the volume of services provided. Compensation may be in the form of additional commissions, bonuses, or benefits (“compensation”). Furthermore, we may receive corporate sponsorships for webinars, training, or other programming we provide for you and other clients, or for our own internal trainings. Whether we receive any of the above referenced compensation, or how much that compensation may be, cannot be discerned at this time.

Should you have any questions about any of the above information or require additional information, please do not hesitate to contact \_\_\_\_\_\_\_\_(Broker Name)\_\_\_\_\_\_\_\_\_\_, ­­­­­­\_\_\_\_\_(Broker Title)\_\_\_\_\_,\_\_\_\_\_\_(Company / Agency Name)\_\_\_\_\_, \_\_\_(Phone Number)\_\_\_\_, \_\_\_(Email Address\_\_\_\_.

The above information is accurate to the best of my knowledge as of the date this disclosure is executed above.

­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_

[Agency Representative Name]

I acknowledge that I received the above referenced Broker Disclosure form from (Broker Name), and that I have read and understand the disclosures made. I understand that I can ask questions regarding the information included in this disclosure form at any time. Further, I understand that if I do not sign this acknowledgement within 15 business days from receipt, it will be deemed to be acknowledged and accepted by me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title