



## Amendment to Broker Contract & Supplemental Commission Program Instructions for Single Case Amendment form:

### **Page 1 REQUIRED:**

- Group cases with non-standard Base Commission rates to be paid by Unum. Only the Base Commission rates can be negotiated.
- Net of Commission Cases – no Base Commissions (standard or non-standard, including the flat, one time, first year payment) will be paid by Unum.
- Self-Insured/ASO Cases with any ‘commissions being paid by Unum.
- A case is set up non-standard Base Commission rates and there is a change to standard Base Commission rates.
- A case is set up with non-standard Base Commission rates and the non-standard rate changes
- Always required when page 2 is being completed (even if page 2 is being executed after the case was initially set up and there are no changes to the net of commission status).

Unum does not support the payment of additional service fees to brokers beyond Base and Supplemental Commissions. Refer to Other Permitted Compensation policy and procedures for additional information.

### **Page 2 REQUIRED: Only for Net of Commission cases.**

Unum’s *compensation policy* states that if base commissions are paid by Unum to the broker, then the business will be eligible for Supplemental Commissions. If Base Commissions are not paid on the case (a net of commission situation), customer approval is required for payment of Supplemental Commissions. If the customer consents to the inclusion of the policy in the Unum Supplemental Commission program, then page 2 must be completed. (Page 2 is not applicable for Self-Insured/ASO cases.) *If page 2 is used, page 1 must always be completed and submitted as well.*

### **Florida Net of Commissions Cases:**

If the case is situated in Florida and is Net of Commissions, the Florida Net of Commissions acknowledgement on Page 2 must be completed and submitted along with the properly completed page 1.

### **General Information:**

- *All Fields on the form must be completed*
- *This form is only to be used for one broker and one policy. Multiple brokers require multiple forms.*
- *If there is an NLOC on a case with an existing SCA, a new SCA must be prepared for the new coverage that is being added.*
- *Type or clearly print information (excluding signatures), broker, and customer signatures.*
- *SCA’s for cases greater than 500 lives must be forwarded to Underwriting for review. After the appropriate review, Underwriting will fax the completed SCA to Broker Compensation Services. SCA’s for cases less than 500 lives can be emailed directly to Broker Compensation Services*
- *This form is NOT required for Group Direct cases (no broker).*
- This form must be executed for any Base Commission changes during the life of the policy.
- *Additional guidance on completing the SCA is available via the [SCA job aid](#) on UnumCentral.*

This SCA can only be processed if all the  
fields have been filled out completely and correctly.

Commission Questions: 1-800-633-7491

Broker Comp fax number: [bcscamai@unum.com](mailto:bcscamai@unum.com)

Unum is providing this notice on behalf of the following insuring companies: Unum Life Insurance Company of America, First Unum Life Insurance Company (NY), Provident Life and Accident Insurance Company and Provident Life and Casualty Insurance Company (NY).

UNUM IS A REGISTERED TRADEMARK AND MARKETING BRAND OF UNUM GROUP AND ITS INSURING SUBSIDIARIES.

## Amendment to Broker Contract

Effective Date of this Amendment:     /     /

Field Office Name:

Broker Name:

Sales Rep Name:

Broker Number:

Sales Rep Number:

Policy Split %:

Policyholder:

Policy Number:

**PART A – Broker/Company**

- The Company agrees to pay the Broker and the Broker agrees to accept the commissions determined from the commission schedule below for the above named policy only.

*Record the agreed to Group commission rates in each box as applicable*

Product	LTD	STD	Life	AD&D	GLTC	GCI ER	GCI EE	_____ (as needed)
<b>Commission Rate:</b>								
<b>TPA Fee:</b>	<b>5%</b>							

**Special Note:**

Group Benefit Services, Inc., a third party administrator, (“TPA”), provides you billing and premium collection services for the insurance policy for which you have applied. These services are also available from Unum Group and its insurance company affiliates (“Unum”). On this insurance policy, Unum compensates the TPA 5% for providing such services and pays commissions to your Broker.

- It is understood and agreed that all of the terms and provisions of the Commission Schedule for Brokers and of the Broker Contract are incorporated herein by reference as if fully set forth in this amendment and that such terms and provisions shall remain applicable to the parties to this amendment and to any compensation payable hereunder. For GCI cases with a Benefit Administration component, this Amendment will terminate and the commission schedule noted above will revert to the standard Base Commission Schedule in effect for GCI when the case was sold, at the sole discretion of Unum, upon, termination of that component.

**Broker/Consultant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Print Broker/Consultant Name: \_\_\_\_\_

This Amendment to the Broker Contract shall be valid and binding on the Company as of the date it is received in the Home Office of the Company, if not rejected by the Company in a written notice communicated in a reasonable manner to the Broker within ten (10) business days of receipt of the Amendment.

**PART B - Customer**

I/We the policyholder, acknowledge that the commission rates noted above are agreed to for the coverages noted.

**Policyholder Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Print Policyholder Representative Name: \_\_\_\_\_

*(Officer of the company or appropriate decision-maker)*

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## Amendment to Broker Contract & Supplemental Commission Program

Effective Date of this Amendment:        /        /

Field Office Name:

Broker Name:

Sales Rep Name:

Broker Number:

Sales Rep Number:

Policy Split %:

Policyholder:

Policy Number:

### Customer Compensation Disclosure Notice & Supplemental Commission Consent

Your broker or benefit consultant can offer you important advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the vital role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your broker can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.

If you would like additional information about the range of compensation programs our company offers, you can find more details at [www.unum.com](http://www.unum.com). Should you have other questions not addressed by the website or if you want to speak to us directly about broker compensation, please call 1-800-633-7491.

For those insurance policies where no Base Commissions are payable, Unum's compensation policy requires customer approval for the broker to be eligible for Supplemental Commissions. A customer's decision in this regard will not impact the premium rate charged for their policy.

Please mark the box and initial below if you, the customer, request/authorize that the policy noted above be included in the Unum Supplemental Commission program. This election will remain in effect for the life of the policy, unless a change is otherwise requested by the customer in writing.

<b>YES</b>	<b>As a customer, I DO consent to the inclusion of the policy noted above in the Unum Supplemental Commission program.</b>
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**Required Initials:**

Broker/Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**For Florida Net of Commissions Policies Only:**

The undersigned Unum applicant/policyholder acknowledges providing compensation directly to the broker named below in connection with any purchase of group insurance from one of the Unum insuring companies.

**Required Initials/Signature:**

Broker/Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Unum Sales Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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