BROKER COMPENSATION DISCLOSURE

AGENCY NAME: _____

CLIENT/EMPLOYER NAME: _____

The Consolidated Appropriations Act (CAA) of 2021 requires health insurance brokers and consultants to disclose direct and indirect compensation earned on health plans to plan fiduciaries, for contracts entered into or renewed on, or after, December 27, 2021.

This information must be provided prior to making a plan decision for any renewal or change in plan year and entering into a new contract.

The following constitutes (the "Broker") disclosure of direct and indirect compensation the Broker will receive or reasonably expects to receive for the plan period beginning through in connection with the below referenced services it provides to (the "Client" or "the Employer"):

List Services Provided:

_____

_____

_____

_____

_____

_____

_____

_____

BROKER COMPENSATION DISCLOSURE – *CURRENT YEAR*

CURRENT Plan Year: _____

Direct Compensation

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, a commission fee, or flat fee, directly from the Client in the amount indicated below:

Coverage/Service	Carrier/Vendor	% or PEPM	Monthly Total

BROKER COMPENSATION DISCLOSURE – *CURRENT YEAR*

Bonus Compensation

The Company reasonably expects to receive a bonus on the below lines. The prorate share generated by Client is indicated below.

Coverage/Service	Carrier/Vendor	% or PEPM	Monthly Total

Indirect Compensation

The company in addition has received indirect compensation in the form of trips, meals, events, ticket, credits, fees, etc…

Coverage/Service	Carrier/Vendor	% or PEPM	Monthly Total

BROKER COMPENSATION DISCLOSURE – *RENEWAL*

Proposed RENEWAL Plan Year: _____

Direct Compensation

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, a commission fee, or flat fee, directly from the Client in the amount indicated below:

Coverage/Service	Carrier/Vendor	% or PEPM	Monthly Total

BROKER COMPENSATION DISCLOSURE – *RENEWAL*

Bonus Compensation

The Company reasonably expects to receive a bonus on the below lines. The prorate share generated by Client is indicated below.

Coverage/Service	Carrier/Vendor	% or PEPM	Monthly Total

Indirect Compensation

The company in addition has received indirect compensation in the form of trips, meals, events, ticket, credits, fees, etc…

Coverage/Service	Carrier/Vendor	% or PEPM	Monthly Total

BROKER COMPENSATION DISCLOSURE - *continued*

The Company(broker) 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. An estimate of those have been provided above. For example, the Broker 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.

The company shall notify client at the time that any compensation is received in relation to Client account at any time during the plan year.

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

DATE: _____

BROKER: _____

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

DATE: _____

AGENCY PRINCIPAL: _____

BROKER COMPENSATION DISCLOSURE – *continued*

Client Acknoledgement

I acknowledge that I received the above referenced Broker Disclosure form from the Broker, 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 acknowledgment within 15 business days from receipt, it will be deemed to be acknowledged and accepted by me.

DATE: _____   **CLIENT:** _____

Human Resources Print Name: _____

Signature: _____

Executive Title: _____

Executive Print Name: _____

Signature: _____