



LONG TERM CARE INSURANCE  
Contracting Kit

CARRIER: **STATE LIFE**  
CURRENT AS OF 5/10/06

**IMPORTANT:** CARRIER REQUIRES THAT **EVERY PAGE** IN THIS ENTIRE KIT BE REVIEWED, COMPLETED, OR SIGNED AND RETURNED TO CPS INSURANCE SERVICES. PLEASE CALL (949) 225-7113 WITH ANY QUESTIONS.

**By Mail**  
CPS INSURANCE SERVICES  
ATTN: Long Term Care  
18551 VON KARMAN AVE, SUITE 150  
IRVINE, CA 92612

- OR -

**By Fax**  
CPS INSURANCE SERVICES  
ATTN: Long Term Care  
**(949) 225-7113**

**IF YOU ARE IN ONE OF THE FOLLOWING PRE-APPOINTMENT STATES,  
YOU MUST BE APPOINTED BY STATE LIFE PRIOR TO SOLICITING LTC BUSINESS**

**Georgia      New Mexico      North Carolina      Pennsylvania  
South Carolina      Utah      Washington**

<input checked="" type="checkbox"/>	<b>INSTRUCTIONS</b>
<input type="checkbox"/>	Be certain to review, complete, or sign <b>every page</b> of entire appointment packet. After you have done so, make copies for yourself. This is a contract between you and the Insurance Company.
<input type="checkbox"/>	Include a copy of your current resident insurance license
<input type="checkbox"/>	Include a copy of your E&O Insurance Certificate
<input type="checkbox"/>	<p>If you are in the following states, include a copy of your required Long Term Care Course Certification:</p> <ul style="list-style-type: none"> <li>• CALIFORNIA – <i>California Long Term Care</i> or CTQ 8-hr CE</li> <li>• COLORADO – <i>Colorado Long Term Care</i> 2-hr CE</li> <li>• DELAWARE – <i>Delaware Long Term Care</i> 3-hr CE</li> <li>• ILLINOIS – <i>Traditional Long Term Care Insurance Policy</i> 6-hr CE</li> <li>• INDIANA – <i>Indiana Long Term Care</i> 8-hr CE</li> <li>• MARYLAND – <i>Maryland Long Term Care</i> 2 hr CE</li> <li>• WASHINGTON – <i>Washington State Long Term Care</i> 6-hr CE</li> </ul>

**Producer Contract Agreement**  
Long Term Care Insurance

Products and financial services provided by  
The State Life Insurance Company  
a ONEAMERICA® company  
P.O. Box 406  
Indianapolis, IN 46206  
(317) 285-2300



**Producer Appointee:** \_\_\_\_\_

**Recruiter:** CPS Insurance Services, Inc.

**Recruiter's State Life Code:** S1565

The State Life Insurance Company hereby appoints the aforementioned Producer Appointee as its **PRODUCER** with duties, powers, and obligations as herein set forth, and you hereby accept the appointment on the terms and conditions set forth herein. The provisions stated in all supplements, commission rules, the Schedule of Commissions found in the Commission Schedule Forms listed below are a part of this Agreement. You have received, read, understand, and agree to abide by Producer Contract (**Form #SL-139**), which is incorporated herein by reference.

**Effective Date** – This Agreement shall become effective on \_\_\_\_\_. If any provision of the Agreement is now or shall in the future be in conflict with any applicable law or any valid Department of Insurance ruling or order, it shall be modified to the extent necessary for compliance. This Agreement shall supersede all previous agreements between the parties.

S-8000-80006 or S-9000-80

☒ LTCI Compensation Schedule (**Form #** \_\_\_\_\_) (Lifestyle 2000/Plus or CareGuard)

**or, in lieu of above schedule:**

☐ Producer Licensed Only Agreement (**Form # SL-099**)(attached)

The parties agree that facsimile signatures shall be deemed to be originals, and both parties agree to accept facsimile signatures and to be bound thereby.

**Producer**

By: \_\_\_\_\_  
(Producer's Signature)

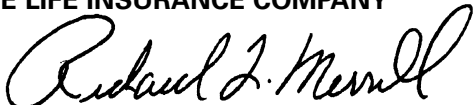
Date: \_\_\_\_\_

**If Corporation:**

By: \_\_\_\_\_  
(Officer's Signature)

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

**THE STATE LIFE INSURANCE COMPANY**

By:   
(President)

**If Partnership:**

By: \_\_\_\_\_  
(Partner's Signature)

By: \_\_\_\_\_  
(Partner's Signature)

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

**Please complete and return this form to Home Office**

## Personal Data Form

The State Life Insurance Company  
P.O. Box 406  
Indianapolis, IN 46206  
(317) 285-2300



Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(Important - For Notification of Code Number)

Name of Corporation/Partnership: \_\_\_\_\_

(If different from above, print name exactly as you wish it to appear on all company contracts, pay statements and promotional releases.)

Mailing Address (PO Box):

Shipping Address (Street Address):

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

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

Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

If the answer to any of these questions is "YES," list the number and please provide a separate letter of explanation with dates and supporting documentation.

YES NO

- |       |       |                                                                                                                                      |
|-------|-------|--------------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1. Have you ever been a party to a bankruptcy or receivership proceeding involving your personal or business related debts?          |
| _____ | _____ | 2. Have you had or are you currently the subject of any personal or business tax liens, suits or judgments?                          |
| _____ | _____ | 3. Has any insurance company ever terminated any agency, agent or broker contract with you for reason other than insufficient sales? |
| _____ | _____ | 4. Have you ever been the subject of any inquiry or proceeding by any state insurance department?                                    |
| _____ | _____ | 5. Has any person ever complained to an insurance department or other agency about your conduct as an agent?                         |
| _____ | _____ | 6. Has your insurance agent's license ever been suspended or revoked or have you ever been denied a license?                         |
| _____ | _____ | 7. Have you ever had a surety or fidelity bond declined or cancelled?                                                                |
| _____ | _____ | 8. Have you been convicted for any offense other than a minor traffic violation?                                                     |
| _____ | _____ | 9. Have you been trained on needs-based selling or financial needs analysis?                                                         |

For The State Life Insurance Company to be able to file an information return with the IRS, we must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you. Please provide and certify your Social Security Number (mandatory) and if applicable, your Federal I.D. # below.

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Federal I.D. # (If Contracting Agency): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check appropriate box: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other \_\_\_\_\_

**Certification** – Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (3) I am a US person (including a US resident alien).

### FAIR CREDIT REPORTING ACT NOTICE

As part of the procedure for processing your application, an investigative consumer report may be made. (Some insurance departments require such a report.) This report may include information as to your character, general reputation and personal characteristics; this information is normally obtained through personal interviews and employment verification. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I hereby certify that the information I have provided on this form is complete and accurate, and you have my permission to contact present and past companies I have been contracted with (unless otherwise indicated) and references to verify any information in establishing my qualifications. I understand that, if appointed, my contracting will be contingent upon my being properly licensed to represent State Life.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Producer  
Licensed Only Agreement**

*The State Life Insurance Company  
P.O. Box 406  
Indianapolis, IN 46206*



The State Life Insurance Company, Indianapolis, Indiana ("State Life") has licensed or is about to license \_\_\_\_\_ as Producer for the purpose of soliciting insurance applications for it. It is the understanding of State Life that the Producer intends to submit business to State Life through:

\_\_\_\_\_  
*Appointing Person or Corporation Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

with whom State Life has a contract. In consideration of said licensing by State Life, the Producer agrees and understands that The State Life Insurance Company will pay compensation on business written by the Producer to the appointing or corporation contract holder as named above, and that such payment constitutes payment in full to the Producer.

\_\_\_\_\_  
*Producer's Signature*

\_\_\_\_\_  
*Appointing Person or Corporation  
Principal's Signature*

## Producer Contract

The State Life Insurance Company  
a ONEAMERICA® financial partner  
P.O. Box 406  
Indianapolis, IN 46206



### 1. APPOINTMENT

The Producer is appointed as Broker of The State Life Insurance Company. Territories are not exclusively assigned, and the Company retains the right to make additional appointments in the same territory.

### 2. APPOINTMENT OF PRODUCERS

The Producer may recommend other Producers (hereafter, referred to as Sub-Producers) for appointment under the Producer by the Company. The Company shall be responsible for the compensation of the Sub-Producer if such Sub-Producer is under contract with the Company. The Producer shall be responsible for the compensation of any Sub-Producer not under contract with the Company.

### 3. PRODUCER'S AUTHORITY

The Producer is authorized to secure applications for approval or disapproval of the Company and to collect the first premium. The Producer shall remit the entire gross premium to the Company immediately. Premiums after the first shall be payable by the policyholder directly to the Company.

### 4. INDEPENDENT CONTRACTOR

The Producer agrees to become familiar and to conform with any rules and regulations issued by the Company. However, it is mutually agreed that this contract shall be deemed to create a relationship calling for results and shall not be construed to create the relationship of employer and employee between the parties. The Producer shall be free and independent to exercise its own judgment as to the persons from whom it and its Sub-Producer will solicit insurance; and the time and place of such solicitation and the manner and methods of its daily acts are not directed.

### 5. COMPANY FUNDS

The Producer shall be responsible to the Company for all funds collected by him as Producer. Such funds shall be promptly remitted to the Company.

### 6. COMPENSATION

Compensation is payable based on the attached Commission Schedules as referenced in the Contract Agreement.

The attached Compensation Schedules show the maximum compensation the Company will pay for any plan of insurance. The compensation of the Producer under this Contract will be the difference between the maximum payable under the Schedule and the amount the Company pays to any Sub-Producer, if applicable.

### 7. COMPENSATION PAYABLE

All compensation shall be paid not later than thirty days after the end of the calendar month it was earned.

### 8. COMPENSATION CHANGE

Upon 30 days' notice to the Producer, the Company may, as to all business thereafter written under this contract, modify or change any rate of compensation hereunder.

### 9. INDEBTEDNESS

The Company shall have a lien on all compensation that may be payable under this or any previous contract with the Company for the purpose of securing any indebtedness of the Producer to the Company. The Company may apply such compensation against such indebtedness.

### 10. FEES

The Producer shall pay all taxes and fees, including fees for licenses, which may be required of it by any local authority. The Company shall pay all premium taxes and fees, which may be required of it by any State authority.

State insurance department appointment fees will be paid in accordance with the Company's "Appointment and Contracting Procedures."

### 11. ASSIGNMENT

The assignment of any of the rights of the Producer hereunder shall be of no effect without the written consent of the Company.

### 12. SURETY BOND

The Producer shall furnish surety bond, when requested by the Company, in an amount and with such carrier as the Company may approve.

### 13. REPLACEMENT

If any policy be deemed by the Company, in its sole judgment, to replace a policy on the same life, then the compensation, if any, payable on such policy shall be determined by the Company and paid in accordance with the Company's "Commission Rules" in effect at that time. The termination of any existing policy on the same insured (except by maturity in accordance with its terms) within six months before or after the date of the new policy shall be prima facie evidence that the new policy is replacement insurance.

### 14. REINSTATEMENT

If any policy lapses for a period of two months or more after expiration of grace and is reinstated, future commissions thereon will not be due the Producer unless they accomplish such reinstatement. Commissions will be paid in accordance with the Company's "Commission Rules" in effect at that time.

### 15. PREMIUM REFUNDS

If the Company shall return the premiums paid on any policy issued, the Producer, on demand, shall repay the Company the amount of compensation received on any premiums so returned.

**16. ADVERTISING**

The Producer shall not place advertising or distribute any printed material, except for that provided by the Company, pertaining to the business of the Company without first obtaining the written approval of an officer of the Company.

**17. NO WAIVER OF RIGHTS**

Failure of the Company to exercise its rights as provided herein in event of breach or failure on the part of the Producer shall not constitute a precedent or be construed as a waiver of such rights or provisions as to such breach or failure or future breach or failure.

**18. GENERAL**

A. Compensation on policies issued upon one form and later changed to a different form or plan, on premiums paid in advance, and on increases in Specified Amount will be in accordance with the Company's "Commission Rules" in effect at that time.

B. A policy shall be deemed to have been paid for only after it is issued and when the first full premium, in addition to any interim short-term premium, shall have been received by the Company and entered on its books.

All questions arising out of the interpretation of this Section shall be determined solely by the Company.

**19. TERMINATION OF CONTRACT: AUTOMATIC**

If the Producer is a natural person this contract shall automatically terminate on the death of the Producer. Unpaid compensation may be paid to the Producer's surviving spouse or to any other person appearing to the Company to be equitably entitled to such payment and any such payment shall fully discharge the Company from all obligations hereunder.

If the Producer is a corporation, this contract shall automatically terminate upon the dissolution of the corporation or disqualification of the corporation to do business under the applicable state laws. Unpaid compensation shall be paid to said corporation as provided by law.

**20. TERMINATION OF CONTRACT: BY NOTICE**

Either party to this contract may terminate it at any time by giving 10 days' written notice to that effect.

**21. TERMINATION OF CONTRACT:  
EFFECT ON COMPENSATION**

A. If this contract is terminated for a reason other than cause, compensation will be paid in accordance with the attached schedules of commissions.

B. No compensation, however, shall be due or payable after termination of this contract if the Producer shall have perpetrated any fraud upon the Company; or shall have encouraged or condoned actions by any Sub-Producers which cause policyholders to relinquish or lapse their policies with the Company.

Compensation also shall not be payable to the extent the Producer shall have misapplied or withheld funds of the Company; or shall have defaulted in the payment to the Company of premiums collected by the Producer or any Sub-Producers.

**22. MODIFICATION**

This contract shall not be modified except in writing signed by the parties; for the Company and a corporate Producer, such modifications must be signed by the President or a Vice President.

**23. NOTICE**

Any notice under this contract by the Company shall be in writing signed by the President or a Vice President and mailed to the Producer at the address shown on the records of the Company. Any notice by the Producer shall be in writing signed by the Producer and mailed to the Home Office of the Company.

**24. CORPORATION - PARTNERSHIP**

Wherever in this contract reference is made to a natural person who is to act as Producer, and the Producer is either a partnership or a corporation, such reference shall be deemed to mean the partners or officers, as the case may be, and the provisions of the contract which are applicable only to a natural person shall not apply.

**25. RECORDS AND INSPECTION**

All documents, records, software and other data and information, in whatever form they may be, which pertain to policyholders or any other business of the Company, are and will remain the property of the Company. In addition, Producer agrees that it will maintain customary and accurate books and records relating to business solicited for the Company. Any such property shall be, upon reasonable notice, open to inspection by the Company or by its authorized representatives. Company may inspect such property, and make copies of the records of such accounts, records and documents, and all such records, documents, supplies and other property relating to the business transacted under this agreement.

**26. PRIVACY COMPLIANCE**

The Producer shall comply with all law, rules, and regulations while acting under the color of this contract. As part of this compliance, the Producer is hereby obligated to comply with all federal and state laws, rules, and regulations concerning privacy. Specifically, the Producer agrees that all nonpublic personal information (including financial and health) obtained by him on behalf of or from the Company in the performance of his duties under this contract shall be held in the strictest of confidence and shall not be used for any other purpose except to perform his duties under this contract or as required by law. The Producer shall establish procedures to protect the security and confidentiality of such information.

# Long Term Care Insurance Compensation Schedule

## Lifestyle 2000 and Lifestyle 2000 Plus Products

The State Life Insurance Company  
PO Box 406  
Indianapolis, IN 46206



This Schedule of Compensation Rates replaces any previously issued compensation schedules. The Company reserves the right to reject any applications submitted and to cancel or rescind any contract issued, returning where applicable the consideration or any part thereof. In the event of such rejection, cancellation or rescission, any commissions paid on the consideration returned shall forthwith be paid to the Company or withheld from other commission payments, or both. Premium rate increases and the rated portion of any substandard premium are not commissionable. Compensation payable to any sub-appointments will be deducted from the compensation described herein.

### COMPREHENSIVE LONG TERM CARE AND NURSING CARE

Policy Series S-8000-P, including Riders, Options and State Variations

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia.								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	80%	4%	80%	0%	70%	3%	70%	0%
45-49	75%	4%	75%	0%	65%	3%	65%	0%
50-54	70%	4%	70%	0%	60%	3%	60%	0%
55-59	65%	4%	65%	0%	55%	3%	55%	0%
60-64	60%	4%	60%	0%	50%	3%	50%	0%
65-69	50%	4%	50%	0%	40%	3%	40%	0%
70-74	45%	4%	45%	0%	35%	3%	35%	0%
75-79	40%	4%	40%	0%	30%	3%	30%	0%
80+	35%	4%	35%	0%	25%	3%	25%	0%
<p>When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.</p> <p>For Alabama and South Dakota replacements, as well as South Dakota policies issued to clients that do not meet our financial suitability standards, the base policy renewal commission rate will be paid on all first year premium.</p> <p>For California replacements, in year one the renewal commission rate will be paid on the portion of premium that is equal to or less than the replaced premium; and the first year commission rate will be paid in year one on the amount by which the first year premium exceeds the premium for the policy being replaced.</p> <p>For Connecticut, the mandatory Waiver of Premium benefit is commissioned as a rider on Comprehensive policies.</p>								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

DELAWARE - New Business								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	28%	10%	28%	0%	28%	7.5%	28%	0%
45-49	28%	9%	28%	0%	28%	6.5%	28%	0%
50-54	28%	8%	28%	0%	28%	5.5%	28%	0%
55-59	28%	7%	28%	0%	28%	5%	28%	0%
60-64	28%	6%	28%	0%	28%	4%	28%	0%
65-69	28%	5%	28%	0%	28%	3%	28%	0%
70-74	28%	4%	28%	0%	28%	2%	28%	0%
75-79	28%	3%	28%	0%	28%	1.5%	28%	0%
80+	28%	2%	28%	0%	28%	1%	28%	0%
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

DELAWARE - Replacements								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	18%	10%	18%	0%	18%	7.5%	18%	0%
45-49	18%	9%	18%	0%	18%	6.5%	18%	0%
50-54	18%	8%	18%	0%	18%	5.5%	18%	0%
55-59	18%	7%	18%	0%	18%	5%	18%	0%
60-64	18%	6%	18%	0%	18%	4%	18%	0%
65-69	18%	5%	18%	0%	18%	3%	18%	0%
70-74	18%	4%	18%	0%	18%	2%	18%	0%
75-79	18%	3%	18%	0%	18%	1.5%	18%	0%
80+	18%	2%	18%	0%	18%	1%	18%	0%
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

INDIANA								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	32%	16%	16%	8%	28%	14%	14%	7%
45-49	30%	15%	15%	7.5%	26%	13%	13%	6.5%
50-54	28%	14%	14%	7%	24%	12%	12%	6%
55-59	26%	13%	13%	6.5%	22%	11%	11%	5.5%
60-64	24%	12%	12%	6%	20%	10%	10%	5%
65-69	22%	11%	11%	5.5%	18%	9%	9%	4.5%
70-74	20%	10%	10%	5%	16%	8%	8%	4%
75-79	18%	9%	9%	4.5%	14%	7%	7%	3.5%
80+	10%	5%	5%	2.5%	6%	3%	3%	1.5%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point for Policies and an additional 1/2 percentage point for Riders and 10-Pay & 20-Pay Options, but never below 1%.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

KENTUCKY - New Business								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	80%	2%	80%	0%	70%	1%	70%	0%
45-49	75%	2%	75%	0%	65%	1%	65%	0%
50-54	70%	2%	70%	0%	60%	1%	60%	0%
55-59	65%	2%	65%	0%	55%	1%	55%	0%
60-64	60%	2%	60%	0%	50%	1%	50%	0%
65-69	50%	2%	50%	0%	40%	1%	40%	0%
70-74	45%	2%	45%	0%	35%	1%	35%	0%
75-79	40%	2%	40%	0%	30%	1%	30%	0%
80+	35%	2%	35%	0%	25%	1%	25%	0%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								



KENTUCKY - Replacements								
	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
All Ages	4%	2%	4%	0%	2%	1%	2%	0%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

MICHIGAN												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY			ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY			LONG TERM CARE POLICIES, EXCEPT SINGLE PAY			ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2 - 3	4 - 10		2 - 3	4 - 10		2 - 3	4 - 10		2 - 3	4 - 10
40-44	80%	4%	4%	80%	0%	0%	70%	3%	3%	70%	0%	0%
45-49	75%	4%	4%	75%	0%	0%	65%	3%	3%	65%	0%	0%
50-54	70%	4%	4%	70%	0%	0%	60%	3%	3%	60%	0%	0%
55-59	65%	4%	4%	65%	0%	0%	55%	3%	3%	55%	0%	0%
60-64	60%	4%	4%	60%	0%	0%	50%	3%	3%	50%	0%	0%
65-69	30%	30%	4%	4%	4%	4%	25%	25%	1%	1%	1%	1%
70-74	27%	27%	4%	4%	4%	4%	22%	22%	1%	1%	1%	1%
75-79	27%	27%	4%	4%	4%	4%	22%	22%	1%	1%	1%	1%
80+	24%	24%	4%	4%	4%	4%	19%	19%	1%	1%	1%	1%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.												
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%												

PENNSYLVANIA								
Ages	Standard Commission Rates				Franchise Policy Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
18-44	80%	4%	80%	0%	70%	3%	70%	0%
45-49	75%	4%	75%	0%	65%	3%	65%	0%
50-54	70%	4%	70%	0%	60%	3%	60%	0%
55-59	65%	4%	65%	0%	55%	3%	55%	0%
60-64	60%	4%	60%	0%	50%	3%	50%	0%
65-69	50%	4%	50%	0%	40%	3%	40%	0%
70-74	45%	4%	45%	0%	35%	3%	35%	0%
75-79	40%	4%	40%	0%	30%	3%	30%	0%
80+	35%	4%	35%	0%	25%	3%	25%	0%
When the Franchise Policy Discount becomes effective in renewal years (after payment of first year commission), Franchise Policy renewal commission rates are reduced an additional percentage point.								
Pennsylvania first year commissions for replacements are paid at renewal commission rates.								
Pennsylvania writing agent commissions are subject to the following limitations: First year commissions are limited to 50% and commissions for 10-Pay & 20-Pay Options are limited to Policy Renewal rates in all years 1 - 10. These limitations do not increase override commissions.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

WISCONSIN - New Business								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	66%	16.5%	33%	8.25%	54%	13.5%	27%	6.75%
45-49	62%	15.5%	31%	7.75%	50%	12.5%	25%	6.25%
50-54	58%	14.5%	29%	7.25%	46%	11.5%	23%	5.75%
55-59	54%	13.5%	27%	6.75%	42%	10.5%	21%	5.25%
60-64	50%	12.5%	25%	6.25%	38%	9.5%	19%	4.75%
65-69	46%	11.5%	23%	5.75%	34%	8.5%	17%	4.25%
70-74	42%	10.5%	21%	5.25%	30%	7.5%	15%	3.75%
75-79	38%	9.5%	19%	4.75%	26%	6.5%	13%	3.25%
80+	34%	8.5%	17%	4.25%	22%	5.5%	11%	2.75%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point for Policies and an additional 1/2 percentage point for Riders and 10-Pay & 20-Pay Options.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

WISCONSIN - Replacements								
Ages	Standard Commission Rates				Endorsed Group Commission Rates			
	LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY		LONG TERM CARE POLICIES, EXCEPT SINGLE PAY		ALL RIDERS AND 10 & 20 PAY OPTION, EXCEPT SINGLE PAY	
	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10	First Year	Renewal Years 2 - 10
40-44	16.5%	16.5%	8.25%	8.25%	13.5%	13.5%	6.75%	6.75%
45-49	15.5%	15.5%	7.75%	7.75%	12.5%	12.5%	6.25%	6.25%
50-54	14.5%	14.5%	7.25%	7.25%	11.5%	11.5%	5.75%	5.75%
55-59	13.5%	13.5%	6.75%	6.75%	10.5%	10.5%	5.25%	5.25%
60-64	12.5%	12.5%	6.25%	6.25%	9.5%	9.5%	4.75%	4.75%
65-69	11.5%	11.5%	5.75%	5.75%	8.5%	8.5%	4.25%	4.25%
70-74	10.5%	10.5%	5.25%	5.25%	7.5%	7.5%	3.75%	3.75%
75-79	9.5%	9.5%	4.75%	4.75%	6.5%	6.5%	3.25%	3.25%
80+	8.5%	8.5%	4.25%	4.25%	5.5%	5.5%	2.75%	2.75%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point for Policies and an additional 1/2 percentage point for Riders and 10-Pay & 20-Pay Options.								
LONG TERM CARE POLICIES AND RIDERS WITH SINGLE PAY OPTION - All Ages - 2.5%								

# Long Term Care Insurance Compensation Schedule

CareGuard Product ONLY

The State Life Insurance Company  
PO Box 406  
Indianapolis, IN 46206



This Schedule of Compensation Rates replaces any previously issued compensation schedules. The Company reserves the right to reject any applications submitted and to cancel or rescind any contract issued, returning where applicable the consideration or any part thereof. In the event of such rejection, cancellation or rescission, any commissions paid on the consideration returned shall forthwith be paid to the Company or withheld from other commission payments, or both. Premium rate increases and the rated portion of any substandard premium are not commissionable. Compensation payable to any sub-appointments will be deducted from the compensation described herein.

## COMPREHENSIVE LONG TERM CARE AND NURSING CARE

Policy Series S-9000-P, including Riders, Options and State Variations

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia.												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	80%	3%	2%	80%	0%	0%	70%	1%	1%	70%	0%	0%
45-49	75%	3%	2%	75%	0%	0%	65%	1%	1%	65%	0%	0%
50-54	70%	3%	2%	70%	0%	0%	60%	1%	1%	60%	0%	0%
55-59	65%	3%	2%	65%	0%	0%	55%	1%	1%	55%	0%	0%
60-64	60%	3%	2%	60%	0%	0%	50%	1%	1%	50%	0%	0%
65-69	50%	3%	2%	50%	0%	0%	40%	1%	1%	40%	0%	0%
70-74	45%	3%	2%	45%	0%	0%	35%	1%	1%	35%	0%	0%
75-79	40%	3%	2%	40%	0%	0%	30%	1%	1%	30%	0%	0%
80+	35%	3%	2%	35%	0%	0%	25%	1%	1%	25%	0%	0%

When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.

For Alabama replacements, the base policy Renewal Year 2 rate will be paid on all first year premium.

For California replacements, the Renewal Year 2 rate will be paid on the portion of first year premium that is equal to or less than the replaced premium; and the First Year commission rate will be paid on the amount by which the first year premium exceeds the premium for the policy being replaced.

For Connecticut, the mandatory Waiver of Premium benefit is commissioned as a rider on Comprehensive policies.

DELAWARE - New Business												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	28%	8%	2%	28%	0%	0%	28%	6%	1.5%	28%	0%	0%
45-49	28%	7%	2%	28%	0%	0%	28%	5%	1.5%	28%	0%	0%
50-54	28%	6%	2%	28%	0%	0%	28%	4.5%	1.5%	28%	0%	0%
55-59	28%	5%	2%	28%	0%	0%	28%	3.5%	1.5%	28%	0%	0%
60-64	28%	4%	2%	28%	0%	0%	28%	3%	1.5%	28%	0%	0%
65-69	28%	3%	2%	28%	0%	0%	28%	2%	1.5%	28%	0%	0%
70-74	28%	2%	2%	28%	0%	0%	28%	1.5%	1.5%	28%	0%	0%
75-79	28%	2%	2%	28%	0%	0%	28%	1.5%	1.5%	28%	0%	0%
80+	28%	2%	2%	28%	0%	0%	28%	1.5%	1.5%	28%	0%	0%

DELAWARE - Replacements												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	18%	8%	2%	18%	0%	0%	18%	6%	1.5%	18%	0%	0%
45-49	18%	7%	2%	18%	0%	0%	18%	5%	1.5%	18%	0%	0%
50-54	18%	6%	2%	18%	0%	0%	18%	4.5%	1.5%	18%	0%	0%
55-59	18%	5%	2%	18%	0%	0%	18%	3.5%	1.5%	18%	0%	0%
60-64	18%	4%	2%	18%	0%	0%	18%	3%	1.5%	18%	0%	0%
65-69	18%	3%	2%	18%	0%	0%	18%	2%	1.5%	18%	0%	0%
70-74	18%	2%	2%	18%	0%	0%	18%	1.5%	1.5%	18%	0%	0%
75-79	18%	2%	2%	18%	0%	0%	18%	1.5%	1.5%	18%	0%	0%
80+	18%	2%	2%	18%	0%	0%	18%	1.5%	1.5%	18%	0%	0%

INDIANA												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	32%	16%	0%	16%	8%	0%	28%	14%	0%	14%	7%	0%
45-49	30%	15%	0%	15%	7.5%	0%	26%	13%	0%	13%	6.5%	0%
50-54	28%	14%	0%	14%	7%	0%	24%	12%	0%	12%	6%	0%
55-59	26%	13%	0%	13%	6.5%	0%	22%	11%	0%	11%	5.5%	0%
60-64	24%	12%	0%	12%	6%	0%	20%	10%	0%	10%	5%	0%
65-69	22%	11%	0%	11%	5.5%	0%	18%	9%	0%	9%	4.5%	0%
70-74	20%	10%	0%	10%	5%	0%	16%	8%	0%	8%	4%	0%
75-79	18%	9%	0%	9%	4.5%	0%	14%	7%	0%	7%	3.5%	0%
80+	10%	5%	0%	5%	2.5%	0%	6%	3%	0%	3%	1.5%	0%

When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point for Policies and an additional 1/2 percentage point for Riders and 10-Pay & 20-Pay Options, but never below 1%.

KENTUCKY - New Business												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	80%	2%	0%	80%	0%	0%	70%	1%	0%	70%	0%	0%
45-49	75%	2%	0%	75%	0%	0%	65%	1%	0%	65%	0%	0%
50-54	70%	2%	0%	70%	0%	0%	60%	1%	0%	60%	0%	0%
55-59	65%	2%	0%	65%	0%	0%	55%	1%	0%	55%	0%	0%
60-64	60%	2%	0%	60%	0%	0%	50%	1%	0%	50%	0%	0%
65-69	50%	2%	0%	50%	0%	0%	40%	1%	0%	40%	0%	0%
70-74	45%	2%	0%	45%	0%	0%	35%	1%	0%	35%	0%	0%
75-79	40%	2%	0%	40%	0%	0%	30%	1%	0%	30%	0%	0%
80+	35%	2%	0%	35%	0%	0%	25%	1%	0%	25%	0%	0%

When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.

KENTUCKY - Replacements												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
All Ages	4%	2%	0%	4%	0%	0%	2%	1%	0%	2%	0%	0%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.												

MICHIGAN																
Ages	Standard Commission Rates								Endorsed Group Commission Rates							
	LONG TERM CARE POLICIES				ALL RIDERS AND 10 & 20 PAY OPTION				LONG TERM CARE POLICIES				ALL RIDERS AND 10 & 20 PAY OPTION			
	First Year	Renewal Years			First Year	Renewal Years			First Year	Renewal Years			First Year	Renewal Years		
		2-3	4-10	11+		2-3	4-10	11+		2-3	4-10	11+		2-3	4-10	11+
40-44	80%	3%	3%	2%	80%	0%	0%	0%	70%	1%	1%	1%	70%	0%	0%	0%
45-49	75%	3%	3%	2%	75%	0%	0%	0%	65%	1%	1%	1%	65%	0%	0%	0%
50-54	70%	3%	3%	2%	70%	0%	0%	0%	60%	1%	1%	1%	60%	0%	0%	0%
55-59	65%	3%	3%	2%	65%	0%	0%	0%	55%	1%	1%	1%	55%	0%	0%	0%
60-64	60%	3%	3%	2%	60%	0%	0%	0%	50%	1%	1%	1%	50%	0%	0%	0%
65-69	30%	30%	4%	0%	4%	4%	4%	0%	25%	25%	1%	0%	1%	1%	1%	0%
70-74	27%	27%	4%	0%	4%	4%	4%	0%	22%	22%	1%	0%	1%	1%	1%	0%
75-79	27%	27%	4%	0%	4%	4%	4%	0%	22%	22%	1%	0%	1%	1%	1%	0%
80+	24%	24%	4%	0%	4%	4%	4%	0%	19%	19%	1%	0%	1%	1%	1%	0%
When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point, but never below 1%.																

PENNSYLVANIA												
Ages	Standard Commission Rates						Franchise Policy Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
18-44	80%	3%	2%	80%	0%	0%	70%	1%	1%	70%	0%	0%
45-49	75%	3%	2%	75%	0%	0%	65%	1%	1%	65%	0%	0%
50-54	70%	3%	2%	70%	0%	0%	60%	1%	1%	60%	0%	0%
55-59	65%	3%	2%	65%	0%	0%	55%	1%	1%	55%	0%	0%
60-64	60%	3%	2%	60%	0%	0%	50%	1%	1%	50%	0%	0%
65-69	50%	3%	2%	50%	0%	0%	40%	1%	1%	40%	0%	0%
70-74	45%	3%	2%	45%	0%	0%	35%	1%	1%	35%	0%	0%
75-79	40%	3%	2%	40%	0%	0%	30%	1%	1%	30%	0%	0%
80+	35%	3%	2%	35%	0%	0%	25%	1%	1%	25%	0%	0%
When the Franchise Policy Discount becomes effective in renewal years (after payment of first year commission), Franchise Policy renewal commission rates are reduced an additional percentage point, but never below 1%.												
For Pennsylvania replacements, the base policy Renewal Year 2 rate will be paid on all first year premium.												
Pennsylvania writing agent first year commissions are limited to 50%.												

SOUTH DAKOTA												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	80%	4%	0%	80%	0%	0%	70%	3%	0%	70%	0%	0%
45-49	75%	4%	0%	75%	0%	0%	65%	3%	0%	65%	0%	0%
50-54	70%	4%	0%	70%	0%	0%	60%	3%	0%	60%	0%	0%
55-59	65%	4%	0%	65%	0%	0%	55%	3%	0%	55%	0%	0%
60-64	60%	4%	0%	60%	0%	0%	50%	3%	0%	50%	0%	0%
65-69	50%	4%	0%	50%	0%	0%	40%	3%	0%	40%	0%	0%
70-74	45%	4%	0%	45%	0%	0%	35%	3%	0%	35%	0%	0%
75-79	40%	4%	0%	40%	0%	0%	30%	3%	0%	30%	0%	0%
80+	35%	4%	0%	35%	0%	0%	25%	3%	0%	25%	0%	0%
<p>When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point.</p> <p>For South Dakota replacements and policies issued to clients that do not meet our financial suitability standards, the base policy Renewal Year 2 rate will be paid on all first year premium.</p>												

WISCONSIN												
Ages	Standard Commission Rates						Endorsed Group Commission Rates					
	LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION			LONG TERM CARE POLICIES			ALL RIDERS AND 10 & 20 PAY OPTION		
	First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years		First Year	Renewal Years	
		2-10	11+		2-10	11+		2-10	11+		2-10	11+
40-44	66%	16.5%	0%	33%	8.25%	0%	54%	13.5%	0%	27%	6.75%	0%
45-49	62%	15.5%	0%	31%	7.75%	0%	50%	12.5%	0%	25%	6.25%	0%
50-54	58%	14.5%	0%	29%	7.25%	0%	46%	11.5%	0%	23%	5.75%	0%
55-59	54%	13.5%	0%	27%	6.75%	0%	42%	10.5%	0%	21%	5.25%	0%
60-64	50%	12.5%	0%	25%	6.25%	0%	38%	9.5%	0%	19%	4.75%	0%
65-69	46%	11.5%	0%	23%	5.75%	0%	34%	8.5%	0%	17%	4.25%	0%
70-74	42%	10.5%	0%	21%	5.25%	0%	30%	7.5%	0%	15%	3.75%	0%
75-79	38%	9.5%	0%	19%	4.75%	0%	26%	6.5%	0%	13%	3.25%	0%
80+	34%	8.5%	0%	17%	4.25%	0%	22%	5.5%	0%	11%	2.75%	0%
<p>When the Endorsed Group Discount becomes effective in renewal years (after payment of first year commission), Endorsed Group renewal commission rates are reduced an additional percentage point for Policies and an additional 1/2 percentage point for Riders and 10-Pay &amp; 20-Pay Options.</p> <p>Wisconsin replacements are paid the Renewal Year 2 rate on all first year premium.</p>												

## PRODUCER PROFILE

Please complete this form and return to CPS. We must have a completed and signed form on file.

PRODUCER INFORMATION				
Name		Company/Corporation Name		
Fax		E-Mail Address		
Business Phone		Home Phone		
Business Street Address	Suite	City	State	Zip Code
Home Street Address	Apt. No.	City	State	Zip Code
Mail to?  <input type="checkbox"/> Business <input type="checkbox"/> Home		Preferred method of correspondence?  <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		
Social Security No.		Tax ID No.		
Insurance License No.		Date of Birth – Day/Mo/Year		
Designations (Check all that apply)  <input type="checkbox"/> CLU <input type="checkbox"/> CPCU <input type="checkbox"/> ChFC <input type="checkbox"/> RHU <input type="checkbox"/> CFP <input type="checkbox"/> LUTC <input type="checkbox"/> CIC <input type="checkbox"/> Other: _____				
Do you carry E&O insurance?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes? Name of carrier?		
Do you assign commissions?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes? To whom?		
Are you securities licensed?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicable Licenses?  <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63		
If NASD registered, what is the name of your broker dealer				

Please go to next page

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

Thanks for doing business with CPS Insurance Services!