

II. Notification to Employer Group

- A. Producer is required to disclose in writing to the Employer Group information relevant to commissions received under the terms of this agreement, and to disclose whether Producer is adjusting rates quoted by HCSC.
- B. Upon inquiry from Employer Groups, HCSC will provide information to the Employer Group regarding commissions paid and any rate adjustments made by the Producer.

III. Entire Agreement

- A. This Agreement represents the entire Individual Case Commission Agreement between the Producer and HCSC for the above-specified account. No promise, agreement, understanding, or representation will be binding unless made in this Agreement, or by an instrument in writing, between HCSC and the Producer.

In the event of an inconsistency or ambiguity between this amendment and the agreement, the terms of this amendment shall govern and control as it relates to the compensation to be paid, rights and responsibilities relating to the sale, delivery, and servicing of the account identified in this amendment.

All remaining terms and conditions of the agreement remain in full force and effect. The commission specified herein are case specific to the account(s) listed herein and apply only to commissions due on the specified account(s). Accepted and agreed:

PRODUCER

HEALTH CARE SERVICE CORPORATION

Authorized Signature

HCSC Vice President Signature

Printed Name

Printed Name

Date

Date

**Company Name from current IDOI
License**

HCSC Manager Signature

Tax Id Number from current IDOI License

Date

District

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