

## NY Dental & Vision Producer Acknowledgement Form

Insured Dental and/or Vision: Guaranteed Cost, Shared Return and Minimum Premium situated in NY

Insured by one or more of the insurance and/or  
HMO subsidiaries of Cigna Corporation (collectively "Cigna")



### **IMPORTANT NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED TO Cigna PRIOR TO POLICY EFFECTIVE/ RENEWAL DATE**

#### **Acknowledgement of Producer Designation**

I hereby certify that Account (number) \_\_\_\_\_, Client (name) \_\_\_\_\_ has designated the Agent, Broker or Consultant (hereinafter called the Producer) as their Producer(s) for Dental and/or Vision as of: \_\_\_\_\_ (effective date).

#### **Producer Compensation:**

Client and Producer have agreed that in connection with the Client's group Dental and/or Vision insurance, Producer will be compensated as indicated in the NY Situs Client and Benefit Advisor Acknowledgement Form.

Notwithstanding the compensation amount agreed to by Client and Producer in the NY situs Client and Benefit Advisor Acknowledgement Form, Cigna can include in its premium for the Dental and/or Vision insurance policy(ies) only the Basic Dental/ Vision Compensation indicated in the schedule below as adjusted based upon "Supplemental Compensation for Special Services" indicated below.

The commissions paid under this agreement apply to Dental and/or Vision insurance policies situated in New York.

No compensation will be paid to the Producer with respect to insurance coverage unless the Producer (individual and agency) has a contract with Cigna, holds an appropriate resident or non-resident license and is appointed with Cigna.

Compensation may be terminated upon termination of the policy or receipt of notification from the Client of a change to the Producer designation. Producer changes are effective the first of the month following the month in which notification is received by Cigna.

#### **Additional Terms**

This document supersedes any prior agreement or understanding with respect to the subject matter thereof. The terms of this document can only be changed or waived by the mutual, written consent of the Producer and Cigna.

### **Basic Dental/Vision Compensation**

The following compensation will be payable to Producer only as long as the applicable policy remains in force and the Producer is recognized by the Policyholder and Cigna as its Agent, Broker, Consultant or Producer of Record.

<u>Aggregate Annual Premium*</u>	<u>Percentage</u>
\$0 - \$50,000	7.0%
\$50,001 - \$100,000	6.0%
\$100,001 - \$500,000	5.0%
\$500,001 - \$1,000,000	4.0%
\$1,000,001 - \$1,500,000	3.0%
\$1,500,001 - \$2,500,000	2.0%
\$2,500,001 +	1.0%

\* "Aggregate Annual Premium" means all paid premium or its premium equivalent received from a single policyholder

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of Cigna Health Corporation, HealthSpring, Inc. and Cigna Dental Health, Inc.

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## **Supplemental Compensation for Special Services**

The following commission rules and practices may be applied on a case-specific basis in determining Producer compensation with respect to specific group insurance cases.

The Supplemental Commissions will be determined on the basis of case size, complexity of the case structure, number of coverage options provided or not provided, and the customer's service demands, and in connection with a Producer's performance of one or more of the following services.

**In the Dental and/or Vision sections below, please place a check mark next to all that apply.**

### **Dental (DHMO) Service**

### **Supplemental Commissions Payable**

<input type="checkbox"/> Does not assist in handling administrative changes or plan modifications required by state and regulatory developments, including multi-location groups which require additional coordination	-1%
<input type="checkbox"/> Does not assist in the design of employee benefit booklet and/or other enrollment literature	-1%
<input type="checkbox"/> Does not assist in the communication and instruction of administration matters including claim procedures	-2%
<input type="checkbox"/> Does not provide plan sponsor with options regarding changing demographics and employee needs; recommends changes which would reduce plan costs	-2%
<input type="checkbox"/> Assists in the reconciliation of premium due and the collection of any overdue premium payments	+1%
<input type="checkbox"/> Assists in initial design of benefit plans and review of contractual provisions	+1%
<input type="checkbox"/> Assists in the resolution of any dispute that may arise in the application of contractual provisions	+1%
<input type="checkbox"/> Assists in the analysis of claim experience, rate change or other alternate plans of insurance	+2%
<input type="checkbox"/> Assists in marketing efforts, pre-enrollment and during enrollment for optional or contributory coverage	+2%
<input type="checkbox"/> Assists in carrying out a program of communication, education and action for containment of claim costs	+2%
<input type="checkbox"/> Incurs expenses beyond those usually borne due to multi-location and geographical dispersion of employee groups	+2%

### **Dental (DPPO) Service**

### **Supplemental Commissions Payable**

<input type="checkbox"/> Does not assist in handling administrative changes or plan modifications required by state and regulatory developments, including multi-location groups which require additional coordination	-1%
<input type="checkbox"/> Does not assist in the design of employee benefit booklet and/or other enrollment literature	-1%
<input type="checkbox"/> Does not assist in the communication and instruction of administration matters including claim procedures	-2%
<input type="checkbox"/> Does not provide plan sponsor with options regarding changing demographics and employee needs; recommends changes which would reduce plan costs	-2%
<input type="checkbox"/> Assists in the reconciliation of premium due and the collection of any overdue premium payments	+1%
<input type="checkbox"/> Assists in initial design of benefit plans and review of contractual provisions	+1%
<input type="checkbox"/> Assists in the resolution of any dispute that may arise in the application of contractual provisions	+1%
<input type="checkbox"/> Assists in the analysis of claim experience, rate change or other alternate plans of insurance	+2%
<input type="checkbox"/> Assists in marketing efforts, pre-enrollment and during enrollment for optional or contributory coverage	+2%
<input type="checkbox"/> Assists in carrying out a program of communication, education and action for containment of claim costs	+2%
<input type="checkbox"/> Incurs expenses beyond those usually borne due to multi-location and geographical dispersion of employee groups	+2%

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**Vision Service****Supplemental  
Commissions Payable**

___ Does not assist in handling administrative changes or plan modifications required by state and regulatory developments, including multi-location groups which require additional coordination	-1%
___ Does not assist in the design of employee benefit booklet and/or other enrollment literature	-1%
___ Does not assist in the communication and instruction of administration matters including claim procedures	-2%
___ Does not provide plan sponsor with options regarding changing demographics and employee needs; recommends changes which would reduce plan costs	-2%
___ Assists in the reconciliation of premium due and the collection of any overdue premium payments	+1%
___ Assists in initial design of benefit plans and review of contractual provisions	+1%
___ Assists in the resolution of any dispute that may arise in the application of contractual provisions	+1%
___ Assists in the analysis of claim experience, rate change or other alternate plans of insurance	+2%
___ Assists in marketing efforts, pre-enrollment and during enrollment for optional or contributory coverage	+2%
___ Assists in carrying out a program of communication, education and action for containment of claim costs	+2%
___ Incurs expenses beyond those usually borne due to multi-location and geographical dispersion of employee groups	+2%

**COMPENSATION**

<b>Dental (DHMO) Rate Type</b>	<b>% Rate</b>
Base	
Total Supplemental	
<b>Total Dental Rate:</b>	

<b>Dental (DPPO) Rate Type</b>	<b>% Rate</b>
Base	
Total Supplemental	
<b>Total Dental Rate:</b>	

<b>Visual Rate Type</b>	<b>% Rate</b>
Base	
Total Supplemental	
<b>Total Vision Rate:</b>	

**WRITING PRODUCER/BENEFIT ADVISOR INFORMATION**

Writing Producer Name <i>(Print)</i> :	Last 4 digits of SSN or full Tax ID:	Percentage of Compensation:
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Authorized Agent or Writing Producer Signature:	Date:
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By signing this document, I confirm that the person listed as the Writing Producer solicited, sold and/or negotiated the contract for this account and is properly licensed under applicable state regulations and appointed with Cigna to do so.

**Compensation made payable to:**

Individual/Agency Name <i>(Print)</i> :	Benefit Advisor/Agency Account Number:
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Compensation Mailing Address <i>(Street/P.O. Box)</i> :	(City):	(State):	(Zip Code):
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Last 4 digits of SSN or full Tax ID:	Phone Number:	Email Address:
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**COMPLETE IF MORE THAN ONE PRODUCER****Client Name:**

Writing Producer Name <i>(Print)</i> :	Percentage of Compensation:
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Authorized Agent or Writing Producer Signature:	Date:
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**Checks made payable to:**

Individual/Agency Name <i>(Print)</i> :	Benefit Advisor/Agency Account Number:
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Compensation Mailing Address <i>(Street/P.O. Box)</i> :	(City):	(State):	(Zip Code):
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Last 4 digits of SSN or full Tax ID:	Phone Number:	Email Address:
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