



TeethkeeperS & eDental COMMISSION SCHEDULE

<u>PLAN</u>	<u>NEW</u>	<u>RENEWAL</u>
REDUCED FEE (6000X)	18%	18%
DHMO PLANS	8%	8%
INDEMNITY/PPO	6%	6%

These percentages apply to accounts that are fully serviced by you. Servicing includes: presentation to group, execution of group contract(s), and presentation to potential members, collection of first month's premium, periodic service calls and re-enrollment of group on an annual basis.

Payment of these services is subject to the conditions as outlined in the attached Service Agreement.

This schedule is subject to change from time to time without notice, but no such change shall affect compensation on contracts issued prior to the effective date of such change, except by mutual agreement.

Accepted: _____
Insurance Representative

Date: _____

General Agent: _____
Name and Code Number