

## PRODUCER AGREEMENT AND COMPENSATION DISCLOSURE

I understand and agree that in acting as the producer for this applicant:

1. The application was completed by the applicant.
2. I am in possession of a valid license issued by the State of Utah that authorizes me to sell and service health insurance;
3. I have no authority to:
  - a) make, alter, interpret, or discharge an application or policy in the name of a insurer; or
  - b) waive any of the terms or conditions of the policy.
4. I have no authority to assign effective dates or to effect member changes.
5. I certify that the compensation disclosure required by UCA 31A-23a-501 has been made to the applicant.

Producer Name \_\_\_\_\_ License # \_\_\_\_\_ Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

(A faxed signature shall be valid as an original signature.)

### Producer Compensation Disclosure:

Compensation includes commissions, fees, awards, overrides, bonuses, contingent commissions, loans, stock options, gifts, prizes, or any other form of valuable consideration. A producer must disclose either the compensation amount or type known at the time of disclosure.

Disclosure either:

Compensation Amount:

or Compensation Type:

I have received written disclosure that the producer will receive compensation from the insurer or a third party administrator for the placement of insurance, including the amount or type of compensation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_