

# Broker Compensation Disclosure

AGENCY LOGO

The Consolidated Appropriations Act (CAA) of 2021 requires health insurance brokers and consultants to disclose direct and indirect compensation earned on health plans to plan fiduciaries, for contracts entered into or renewed on, or after, December 27, 2021.

The following constitutes \_\_\_\_\_ (the "Broker") disclosure of direct and indirect compensation the Broker will receive or reasonably expects to receive for the plan period beginning \_\_\_\_\_ through \_\_\_\_\_ in connection with the below referenced services it provides to \_\_\_\_\_ (the "Client" or "you"):

Check all consulting or brokerage services that apply:

Placement Services (e.g., assessing and reviewing current plans)

Conduct renewal analysis

Negotiating with carriers

Enrollment services (e.g., eligibility, on-boarding, additions, and deletions)

Serve as liaison between group client and the carrier

Assist in billing collection and resolution

Participate in eligibility maintenance and answer plan related questions

Provide regulatory support and guidance

Assist in preparation of insurance related forms (e.g., Form 5500)

Referral related services

Facilitate retention of TPAs or other service providers

Coordinate in acquisition of value-added services (e.g., HR Support, wellness resources)

Other:

The Broker  DOES NOT PROVIDE  DOES PROVIDE the above-referenced services to the Client in the capacity of an ERISA plan fiduciary.

## Direct Compensation

The Company reasonably expects to receive direct compensation for the placement of the below lines of coverage in the form of either a per employee per month ("PEPM") fee, a commission fee, or flat fee, directly from the Carrier, Vendor, or Client in the amount indicated below:

<u>Coverage or Service</u>	<u>Carrier/Vendor/Client PEPM</u>	<u>PEPM, Standard Commission, Commission Schedule, or Compensation Calculation</u>
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## Indirect Compensation

In addition to the above, the Broker reasonably expects to receive the following indirect compensation from the following entities:

<u>Coverage Line</u>	<u>Description of Indirect Compensation</u>	<u>Carrier/Vendor</u>	<u>PEPM, Standard Commission, Commission Schedule, or Compensation Calculation</u>
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## Other Compensation

The Broker may earn additional compensation from any of the above referenced insurers, vendors, or other third parties that cannot be calculated as of the time this disclosure is made to you, or prior to the date the Broker's executed, extended, or renewed contract with you is effective. For example, the Broker may receive additional compensation contingent upon certain conditions being met, including, but not limited to, profitability, growth, churn/retention, or the volume of services provided.

Compensation may be in the form of additional commissions, bonuses, or benefits ("compensation"). Furthermore, we may receive corporate sponsorships for webinars, training or other programming we provide for you and other clients, or for our own internal trainings. Whether we receive any of the above referenced compensation, or how much that compensation may be, cannot be discerned at this time.

Should you have any questions about any of the above information or require additional information, please don't hesitate to contact  
at

The above information is accurate to the best of my knowledge as of the date this disclosure is executed above.

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

## Client Acknowledgment

I acknowledge that I received the above referenced Broker Disclosure form from the Broker, and that I have read and understand the disclosures made. I understand that I can ask questions regarding the information included in this disclosure form at any time. Further, I understand that if I do not sign this acknowledgment within 15 business days from receipt, it will be deemed to be acknowledged and accepted by me.

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

Name \_\_\_\_\_

Title \_\_\_\_\_