



An Excelsus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

Send Completed Contracting To:

Insurance Marketing Group
PO Box 640
Russellville AR 72811
P 479-968-1708 W 800-951-1708

Agent Agreement

CareDirections Simplicity[®]

and other long-term care insurance products

Contracting Checklist

- Complete and return of all required forms & documentation – Incomplete packages will be returned unprocessed.
- Date ALL Signatures – Undated documentation will be dated with the receipt date by the Company. Applications received dated prior to the contract date will be returned.

General Instruction

- Page 2 - Producer Profile completed by the Agent and signed & dated by both Agent and Sponsoring General Agent.
- Page 3 - Agent's Information Completed.
- Pages 5 & 6 - Agent's Signature & Date.
- Commission Schedule(s) must be signed & attached.
- Attach copies of resident individual and/or agency state insurance license(s).
- Attach copy of your Errors & Omissions coverage.

State Specific Requirements

- Proof of LTC CE Completion required to solicit products in: CO/IL/IN/MD/NC/WA
- Partnership Certification required to solicit products in: CT & IN
- Signed Acknowledgement of Training attached for contracting in MA.
- Signed Contract Addendum attached for contracting in OR & PA.

NonResident Appointment Requirements – required for product solicitation.

- Attach copies of all nonresident individual insurance license(s).
- Attach check made payable to "MedAmerica Insurance Company" for any applicable nonresident appointment fees. Please visit our website at www.MedAmericaLTC.com for a complete fee listing.
- Two original DOI form APPT I/P required appointment in: HI
- Original DOI form LA-5 and Letter of Certification required for appointment in: WV



An Excelsus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

Producer Profile

Please complete all required information. Incomplete forms will be returned unprocessed.

Section 1 –Agent Information

Personal Information – REQUIRED

Name (First, MI, Last)

Social Security Number

Date of Birth

Residence Address (Street, City, State, Zip – PO Box will not be accepted)

Contact Information

Mailing Address (Street, City, State, Zip), if different from above:

Business Phone Number (REQUIRED)

Business Fax Number

Cell Phone Number

Email Address

Agency Information – REQUIRED FOR AGENCY APPOINTMENT

Agency Name

Agency FEIN Number

Section 2 – General Information:

Have you ever been convicted or pled nolo contendere for any offense other than minor traffic violations?

NO YES – Please provide details: _____

Has your insurance license ever been fined, suspended, placed on probation, or is currently under investigation?

NO YES – Please provide details: _____

Are you in debt to any insurance carrier or agency, or owe any balance of commissions or premiums?

NO YES – Please provide details: _____

Section 3 – Sponsoring General Agent Information:

To be completed by the Immediate Upline Sponsoring General Agent

Sponsoring General Agent Name (First, MI, Last)

John L. Terry, III

Agency Name (if applicable)

Insurance Marketing Group of America

Sponsoring General Agent Mailing Address (Street, City, State, Zip)

PO Box 640 Russellville AR 72811-0640

Delivery of policies, commission payments, etc. shall be made to: General Agent Sponsoring General Agent

Section 4 – Fair Credit Reporting Act Notice & Signature:

You are hereby notified that a background investigation and license verification will be completed on You prior to Your appointment with Us. You authorize a release of written and verbal information about Yourself that may contain facts about Your background, general reputation and license to solicit insurance. You have the right to make a written request for information on the Reporting Agency as well as the nature and scope of the investigation. Furthermore, You have the right to (a) be told if the information in the investigative report negatively impacts Your application; (b) contact the Reporting Agency for full disclosure of the information contained in the investigative report; (c) dispute inaccurate information with the Reporting Agency. You can request a copy of the FCRA by contacting the Federal Trade Commission, Bureau of Consumer Protection - FCRA, Washington, DC 20580

The Agent and Sponsoring General Agent certify that all of the above information is true and accurate:

Agent's Signature

Date

Sponsoring General Agent's Signature

Date



An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

Agent Agreement

This Agent Agreement is between MedAmerica Insurance Company, MedAmerica Insurance Company of New York (hereinafter referred to as “Company”) and:

_____, the principal of _____
Name (First, MI, Last) *Agency Name, if applicable*

(Hereinafter referred to as “Agent”). All provisions of this Agreement shall be in effect when (a) signed by the Agent; and (b) signed and accepted by the Company. This Agreement will remain in effect until terminated.

D) RELATIONSHIPS & AUTHORITY:

- A) RELATIONSHIP: The Agent is an independent contractor with respect to the Company. The relationship between the Company and the Agent is not employer/employee, partners or joint ventures. The Company may from time to time prescribe such rules and regulations with respect to the conduct of the business covered by this Agreement as do not interfere with the Agent’s freedom of judgment and action hereunder. The Agent will observe such rules and regulations and any manuals, published guidelines and/or specific instructions from the Company. The Agent will not violate any laws, rules or regulations of any federal, state or local government, department or bureau having jurisdiction, nor induce or try to induce any other Agent to violate such laws, rules or regulations. The Agent agrees to comply with the Company’s requests for information on investigations for issuance of policies, resolutions of complaints and adjudication of claims; this obligation shall survive the termination of this Agreement.
- B) SOLICITATION & APPOINTMENT: The Company authorizes the Agent to solicit the Company’s Products in those states where: (i) The Company has approved Products; (ii) The Agent is in compliance with any and all regulatory licensing requirements at the time of solicitation, if any, and; (iii) The Agent has been appointed by the Company, if required, in accordance with all applicable laws.
- C) HIERARCHY: The Agent acknowledges and accepts their place in the hierarchy of the Sponsoring General Agent named in the Producer Profile and agrees to accept the guidance, supervision and management of said Sponsoring General Agent.
- D) LIMITATIONS: The Agent shall not have the authority to: (i) Adjust, compromise, settle or pay any claim made on Policies; (ii) Bind coverage under, or alter or discharge any policy; (iii) Make representations not strictly in accordance with the provisions of the policies; (iv) Extend the time of payment of premium; (v) Waive or extend any policy obligation or condition; (vi) Make any settlement or agreement regarding the settlement of any claim that may be made against the Company; (vii) Receive any premium except the initial premium due on any policy issued under this Agreement; or accept any initial premium other than by check or money order payable to the Company. The Agent shall hold all initial premium payments and all other funds belonging to the Company in trust on behalf of the Company, and remit the premium to the Company within fourteen (14) business days after receipt thereof; (viii) Endorse checks payable to the Company or incur any expense or obligation in the name of or on behalf of the Company; (ix) Solicit if the Agent’s license(s) or appointment(s) expires or terminates for any reason; and (x) Directly or indirectly, induce or try to induce any policyholder of the Company’s to discontinue the payment of any premium or lapse or surrender any policies of the Company, except in cases of policy increases.

II) COMPENSATION:

Compensation to Agent will be paid on premium according to the terms of the attached Commission Schedule(s). Commission is not payable on premium rate increases implemented by the Company.

A) **CHANGES TO THE COMMISSION SCHEDULE:** The Commission Schedule may be amended at the Company's discretion, provided the Company notifies the Agent with thirty (30) days written notice.

B) **SPLIT COMMISSIONS:** The Company will pay a percentage of the Agent's compensation to another party provided: (i) It is at the Agent's direction; (ii) Is evidenced by a cosigned application indicating the split in commission; and (iii) The additional agent(s) are contracted and appointed with the Company at the time the application was solicited.

C) **ASSIGNMENT OF COMPENSATION:** This Agreement may not be assigned without the written consent of the Company. Upon receipt of an executed Assignment of Compensation, the Company will pay all compensation due under this Agreement to the named Assignee provided that the Assignee is contracted and appointed with the Company. In the event of such an Assignment, the Company's obligation to the Agent for compensation will be fulfilled and the Agent shall no longer seek compensation directly from the Company. Any Assignment of compensation will not be effective unless made in writing.

D) **WAIVED OR REFUNDED PREMIUM:** Should the Company be required to refund any premium, a corresponding amount of commission will be reversed from the Agent's next payment.

E) **INDEBTEDNESS:** Upon written notice from the Company to the Agent: (i) Any debt owed by the Agent to the Company shall be deemed due and payable in full, even if there may be future commissions payable under this or any other Agreement with the Company; (ii) Such debt shall be a first lien against any commissions or amounts payable under this or any other Agreement with the Company; and (iii) The Company may, in its sole discretion, offset such indebtedness against any and all commissions or amounts payable to the Agent.

F) **REPLACEMENT POLICIES:** Notwithstanding this Section II or any attached Commission Schedule, the Company shall pay renewal commission to the Agent for: (i) Any policy reinstated during a year subsequent to the Policy's first year; (ii) Any policy issued by the Company to replace a policy previously issued by the Company; (iii) Any policy issued by the Company to replace a policy previously issued by a carrier other than the Company that is reinsured by the Company; and (iv) where required by law.

G) **VESTING:** Except as otherwise provided in this Agreement, from the effective date of this Agreement and any attached Commission Schedule, the Agent shall have the vested right to receive all compensation payable under this Agreement. Said vesting shall in no way limit or otherwise affect the Company's right to service the business on which such compensation is payable. Payment of vested compensation will cease when commissions paid under this Agreement in any preceding calendar year amount to less than five hundred dollars (\$500) or if this Agreement is terminated for cause as set out in Section VIII.

III) INDEMNITY:

The Agent shall indemnify, defend and hold the Company harmless from all claims, suits, hearings, actions, damages of any kind, liability, fines, penalties, losses, costs or expenses (including court costs and attorneys fees), caused by or resulting from any allegation of or misconduct, error, omission or other unauthorized act by the Agent or their Downline; and for the Company's efforts to enforce this indemnification obligation. The Agent has no authority to institute legal proceedings on the Company's behalf of or in connection with any business of the Company. The Agent will send to the Company by certified mail (return receipt requested), within twenty-four (24) hours of receipt, any legal documents served upon the Agent that concern the Company, its Product(s), business or consumers. The Agent shall pay all costs and expenses (including amounts paid in settlement and attorney's fees and disbursements) related to the defenses of any legal action arising from any acts or omissions of the Agent. At the Company's option, the Company may control the defense of any such legal action.

IV) INSURANCE:

The Agent agrees at their cost to be covered by an errors and omissions policy with a minimum coverage of five hundred thousand dollars (\$500,000) per occurrence. The Agent further agrees to provide evidence of such coverage.

V) COMPLIANCE:

A) The Agent shall not make, publish, issue or insert or cause to have published, issued or inserted any advertisement, letter, circular, pamphlet or other publication or statement, written or through the electronic media describing the Company, its Product(s) or mentioning the Company's name without the express prior written consent by the Company and the State Regulators (where required).

- B) In addition to the Indemnity of Section IV, in the event that the Company shall be subject to liability loss, expense, fine or penalty arising out of any unauthorized advertisement, the Agent shall be liable to the Company for all direct, consequential, or other damages of any kind and costs and expenses incurred by or awarded against the Company or for other payments, required to made by the Company as a result of settlement or otherwise.
- C) Any and all authorized advertisements, circulars and other printed materials and media are the Company's property and shall be returned to the Company promptly upon termination of this Agreement.

VI) CODE OF CONDUCT:

The Agent agrees to become familiar and comply in all respects with the attached Code of Conduct.

VII) TERM & TERMINATION:

This Agreement will remain in effect until terminated. Termination of this Agreement by any party with or without cause shall cause the Agent to cease representing the Company.

- A) **TERMINATION WITHOUT CAUSE:** This Agreement may be terminated without cause by either party with thirty (30) days written notice by registered or certified mail. Such termination shall be effective thirty (days) from the date of mailing.
- B) **TERMINATION WITH CAUSE:** This Agreement will automatically terminate for cause for reasons including, but not limited to: (i) expiration, suspension or revocation of any of the Agent's required licenses; (ii) conduct by the Agent that exposes the Company to legal claims of any kind or results in fines or penalties to the Company; (iii) withholding of funds due to the Company; (iv) non-compliance with any federal, state or local laws, rules or regulation to which the Agent is subject; (v) commission by the Agent of an act involving dishonesty, fraud, theft, embezzlement, disloyalty or other act of moral turpitude as determined by the Company in its sole discretion; (vi) submission of information that the Agent knew or should have known was false to the Company; (vii) breach of a material term or condition of this Agreement.

VIII) GOVERNING LAW:

This Agreement shall be governed by the laws of the State of New York.

IX) MISCELLANEOUS:

We reserve the right, with or without cause, to refuse to appoint or to terminate the appointment of the Agent. The Company is solely responsible for underwriting Applications, administering Product(s) and settling policyholders' claims. In the event that any provision of this Agreement should be held to be void, voidable, unlawful or, for any reason unenforceable, the remaining portions hereto shall remain in full force and effect.

X) REPRESENTATION:

The signature below certifies and represents to the Company that the Agent: (i) Acknowledges that it has received or has had the opportunity to receive independent legal advice from counsel of its choice with respect to this Agreement; (ii) Agrees to the terms of this Agreement and the Schedule(s) hereto; and (iii) Is properly licensed to solicit Long-Term Care Insurance. This Agreement may be executed via facsimile and such signatures shall be considered originals for all purposes.

Agreed To By:

Agent's Signature *Date*

Agent's Name (Please Print)

MedAmerica Insurance Company
MedAmerica Insurance Company of New York

William E. Jones, Vice President, Sales *Date*



An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

Code of Conduct

You agree to:

1. Possess a thorough understanding of the benefits and limitations of each long-term care insurance policy presented.
2. Maintain an effective working knowledge of Medicare and Medicaid as each program pertains to long-term care insurance.
3. Ensure that all medical questions on long-term care applications are answered thoroughly and accurately for optimum underwriting.
4. Clearly identify yourself by using only approved identification badges, and/or letters of introduction or endorsement, and not represent that you are an employee of MedAmerica Insurance Company or MedAmerica Insurance Company of New York.
5. Obey all laws governing business and professional activities and honestly represent product(s) in an ethical manner without fraud, misrepresentation, exaggeration, coercion, scare tactics or concealment of pertinent facts; and without taking advantage of the customer or potential customer that could lead to the customer's detriment in insurance choices based on need and financial capability.
6. Replace long-term care insurance policies when it is clearly in the policyholder's best interest. (Consider benefits, pricing due to new age, pre-existing condition, penalties, changes in medical history and stability of new carrier.) Make sure new coverage is in effect before canceling old policy.
7. Use only authorized promotional materials, unless prior approval has been obtained, and fairly focus presentation on positive benefit comparisons rather than disparaging remarks about competition.
8. Approach potential customers by appointment only, unless otherwise authorized by MedAmerica Insurance Company and MedAmerica Insurance Company of New York.
9. Treat a customer or potential customer with due courtesy, respect and priority in accordance with thoughtful, ethical and legal business practices.

CareDirections Simplicity®

**Available in All Approved States Excluding Delaware, Florida, Indiana, Michigan, Pennsylvania & Wisconsin
DC Trust Simplicity – Available in New Jersey**

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company and MedAmerica Insurance Company of New York.

Individual Sales

Lifetime Payment		
Policy Year	Applicant Age	Commission
1	18-64	55%
1	65-85	45%
2-10	18-85	7%
11+	18-85	3.5%

Reduced Premium @ Age 65 Paid @ Age 65		
Policy Year	Applicant Age	Commission
1	18-55	35%
2-10	18-55	5.5%
11+	18-55	3.5%

10 Year Payment		
Policy Year	Applicant Age	Commission
1	18-85	35%
2-10	18-85	5.5%
11+	18-85	0

Reduced Premium @ Age 75		
Policy Year	Applicant Age	Commission
1	18-60	35%
2-10	18-60	5.5%
11+	18-60	3.5%

Affiliation Program & Employer Sponsor Group Sales – Commission Reductions

Lifetime Payment	Policy Years 1-10	Reduced by 5%
All Other Payment Terms	Policy Year 1	Reduced by 5%
	Policy Years 2-10	Reduced by 4%

Replacement Policies:

- Commission for the sale of long-term care policies which replace an existing long-term care policy in the states of Alabama, California, Kentucky, New York, North Carolina and South Dakota shall not be greater than the percentage payable for renewal commissions.
- Replacement of policies which were written or reinsured by MedAmerica Insurance Company and MedAmerica Insurance Company of New York will be paid renewal commission.
- Year 1 commissions, where not prohibited by law, or the policy replaces a policy previously written or reinsured by MedAmerica Insurance Company or MedAmerica Insurance Company of New York.

MEDAmerica

INSURANCE COMPANY

An Excellus Company

Home Office: Pittsburgh, PA

Commission Schedule – Delaware Specific

CareDirections Simplicity®

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company.

Individual Sales

Lifetime Payment		
Policy Year	Applicant Age	Commission
1	18-85	17%
2-10	18-85	12%
11+	18-85	3.5%

Reduced Premium @ Age 65 Paid @ Age 65		
Policy Year	Applicant Age	Commission
1	18-55	17%
2-10	18-55	11%
11+	18-55	3.5%

10 Year Payment		
Policy Year	Applicant Age	Commission
1	18-85	17%
2-10	18-85	11%
11+	18-85	0

Reduced Premium @ Age 75		
Policy Year	Applicant Age	Commission
1	18-60	17%
2-10	18-60	11%
11+	18-60	3.5%

Affiliation Program & Employer Sponsor Group Sales – Commission Reductions

Lifetime Payment	Policy Years 1-10	Reduced by 5%
All Other Payment Terms	Policy Year 1	Reduced by 5%
	Policy Years 2-10	Reduced by 4%

Replacement Policies:

- Replacement of policies which were written or reinsured by MedAmerica Insurance Company will be paid renewal commission.
- Year 1 commissions, where not prohibited by law, or the policy replaces a policy previously written or reinsured by MedAmerica Insurance Company.

Commission Schedule – Florida Specific

CareDirections Simplicity®

Available in Florida

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company.

Individual Sales

Lifetime Payment		
Policy Year	Applicant Age	Commission
1	18-64	55%
1	65-85	45%
2-10	18-85	7%
11+	18-85	2%

10 Year Payment		
Policy Year	Applicant Age	Commission
1	18-85	45%
2-10	18-85	5.5%
11+	18-85	0

Paid @ Age 65		
Policy Year	Applicant Age	Commission
1	18-55	45%
2-10	18-55	5.5%
11+	18-55	2%

Affiliation Program & Employer Sponsor Group Sales – Commission Reductions:

- Commission percentages for Policy Years 1-10 are reduced by 5% for all payment terms.

Replacement Policies:

- Replacement of policies which were written or reinsured by MedAmerica Insurance Company will be paid renewal commission.
- Year 1 commissions, where not prohibited by law, or the policy replaces a policy previously written or reinsured by MedAmerica Insurance Company.

Commission Schedule – Indiana Specific

CareDirections Simplicity®

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company.

Individual Sales

Lifetime Payment		
Policy Year	Applicant Age	Commission
1	18-64	26%
1	65-85	24%
2-99	18-64	13%
2-99	65-85	12%

Reduced Premium @ Age 65 Paid @ Age 65		
Policy Year	Applicant Age	Commission
1	18-55	22%
2-99	18-55	11%

10 Year Payment		
Policy Year	Applicant Age	Commission
1	18-85	22%
2-10	18-85	11%
11+	18-85	0

Reduced Premium @ Age 75		
Policy Year	Applicant Age	Commission
1	18-60	22%
2-99	18-60	11%

Affiliation Program & Employer Sponsor Group Sales – Commission Reductions

All Payment Terms	Policy Year 1	Reduced by 8%
	Policy Years 2-99	Reduced by 4%

Replacement Policies:

- Commission for the sale of long-term care policies which replace an existing long-term care policy shall not be greater than the percentage payable for renewal commissions.
- Replacement of policies which were written or reinsured by MedAmerica Insurance Company will be paid renewal commission.

MEDAmerica

INSURANCE COMPANY

An Excellus Company

Home Office: Pittsburgh, PA

Commission Schedule – Michigan Specific

CareDirections Simplicity®

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company.

Individual Sales

Lifetime Payment		
Policy Year	Applicant Age	Commission
1	18-64	55%
1-3	65-85	22%
2-3	18-64	7%
4-10	18-85	7%
11+	18-85	3.5%

10 Year Payment		
Policy Year	Applicant Age	Commission
1	18-64	35%
1-3	65-85	13%
2-3	18-64	5.5%
4-10	18-85	5.5%
11+	18-85	0

Reduced Premium @ 65/Paid @ 65		
Policy Year	Applicant Age	Commission
1	18-55	35%
2-10	18-55	5.5%
11+	18-55	3.5%

Reduced Premium @ Age 75		
Policy Year	Applicant Age	Commission
1	18-60	35%
2-10	18-60	5.5%
11+	18-60	3.5%

Affiliation Program & Employer Sponsor Group Sales – Commission Reductions

Lifetime Payment	All Ages	Policy Years 1-10	Reduced by 5%
All Other Payment Terms	Under Age 65	Policy Year 1	Reduced by 5%
	Under Age 65	Policy Years 2-10	Reduced by 4%
	Over Age 65	Policy Years 1-3	Reduced by 5%
	Over Age 65	Policy Years 4-10	Reduced by 4%

Replacement Policies:

- Replacement of policies which were written or reinsured by MedAmerica Insurance Company will be paid renewal commission.
- Year 1 commissions, where not prohibited by law, or the policy replaces a policy previously written or reinsured by MedAmerica Insurance Company.

Contract Addendum & Commission Schedule – Pennsylvania Specific

THIS ADDENDUM modifies and becomes part of the General Agent (hereinafter the “Agreement”) signed by and between MedAmerica Insurance Company (hereinafter “Company”), a Pennsylvania corporation, and _____,

_____, (hereinafter “General Agent”).

Name

I. COMPENSATION: The General Agent represents to the Company that Producer compensation will be paid in a manner that is consistent with Pennsylvania Insurance Law (PA Code §89a.129).

II. INDEMNITY: The General Agent shall indemnify, defend and hold Company harmless from all claims, suits, hearings, actions, damages of any kind, liability, fines, penalties, losses, costs or expenses (including court costs and attorneys fees), caused by or resulting from any allegation of or misconduct, error, omission or other unauthorized act by the General Agent (including the failure to adhere to Pennsylvania compensation regulations); and for the Company’s efforts to enforce this indemnification obligation. The General Agent will send the Company by certified mail (return receipt requested), within twenty-four (24) hours of receipt, any legal or regulatory documents served upon the General Agent. The General Agent shall pay all costs and expenses (including amounts paid in settlement and attorney’s fees and disbursements) related to the defenses of any legal or regulatory action arising from any of their acts or omissions. At the Company’s option, the Company may control the defense of any such legal or regulatory action.

III. COMMISSIONS: The General Agent shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which is solicited and placed with the Company.



Override Compensation			Personal Production		
Lifetime Premium Payment			Lifetime Premium Payment		
Year 1	Ages 18-64	55%	Year 1	Ages 18-85	50%
	Ages 65-85	45%		Years 2-10	Ages 18-85
Years 2-10	Ages 18-85	7%	Years 11+	Ages 18-85	3.5%
Years 11+	Ages 18-85	3.5%			

Override Compensation & Personal Production – All Other Payment Terms				
		Policy Year 1	Policy Years 2-10	Policy Years 11+
10 Year Premium Payment	Ages 18-85	See Note Below	5.5%	3.5%
Paid Up @ Age 65 Premium Payment	Ages 18-55			
Reduced Premium @ Age 65 Payment	Ages 18-55			
Reduced Premium @ Age 70 Payment	Ages 18-60			

Affiliation Program & Employer Sponsor GroupSales:

- Commission percentages are reduced by 5% for Years 1-10 for Lifetime payment terms and for Year 1 for all other payment terms.
- Commission percentages are reduced by 4% for Years 2-10 for all other payment terms.

Note for 10 Year and Paid Up @ 65 First Year Commissions: Total first year compensation paid cannot be greater than the standard lifetime payment term compensation plus 10% of the additional amount paid for that option in the first year.

EX: If the annual premium is \$1,000 for a lifetime payment term and \$2,000 for a 10 year payment term, and the first year commission percentage for the lifetime term is 75%, then the commission for the 10 year payment term is limited to: $[1,000 \times 0.75] + [(2,000 - 1,000) \times 0.1] = \850

Replacements: Commission for the sales of long-term care policies which replace an existing long-term care insurance policy shall not be greater than the percentage payable for renewal commission.

Commission Schedule – Wisconsin Specific

CareDirections Simplicity[®]

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company.

Individual Sales

Lifetime Payment		
Policy Year	Applicant Age	Commission
1	18-64	36%
1	65-85	32%
2-99	18-64	9%
2-99	65-85	8%

Reduced Premium @ Age 65 Paid @ Age 65		
Policy Year	Applicant Age	Commission
1	18-55	28%
2-99	18-55	7%

10 Year Payment		
Policy Year	Applicant Age	Commission
1	18-85	28%
2-10	18-85	7%
11-99	18-85	0

Reduced Premium @ Age 75		
Policy Year	Applicant Age	Commission
1	18-60	28%
2-99	18-60	7%

Affiliation Program & Employer Sponsor Group Sales – Commission Reductions

All Payment Terms	Policy Year 1	Reduced by 10%
	Policy Years 2-99	Reduced by 2.5%

Replacement Policies:

- Commission for the sale of long-term care policies which replace an existing long-term care shall not be greater than the percentage payable for renewal commissions.
- Replacement of policies which were written or reinsured by MedAmerica Insurance Company will be paid renewal commission.

CARE DIRECTIONS[®] *Premier*

You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with MedAmerica Insurance Company.

Individual Sales

Available in Maryland			Available in New Jersey		
Policy Year	Applicant Age	Commission	Policy Year	Applicant Age	Commission
1	18-59	50%	1	40-59	50%
1	60-74	40%	1	60-74	40%
1	75-85	30%	1	75-85	30%
2-10	18-85	6%	2-10	40-85	6%
11+	18-85	0	11+	40-85	0

List Bill Reductions

- Policy Year 1 commissions are reduced by 7% for list bill premiums.
- Policy Years 2+ commissions are reduced by 3% for list bill premiums.

Replacement Policies:

- Replacement of policies which were written or reinsured by MedAmerica Insurance Company will be paid renewal commission.
- Year 1 commissions, where not prohibited by law, or the policy replaces a policy previously written or reinsured by MedAmerica Insurance Company.



An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

Commission Schedule – Partnership Policies



You shall receive the indicated percentage of the premium collected less premium refunded for each corresponding state approved long-term care insurance policy which You solicited and placed with the Company.

Individual Sales

Available in Connecticut		
Policy Year	Applicant Age	Commission
1	18-84	40%
2+	18-84	4%
Available in Indiana		
Policy Year	Applicant Age	Commission
1	18-59	28%
1	60-74	24%
1	75-85	20%
2+	18-59	14%
2+	60-74	12%
2+	75-85	10%

Available in New York		
Policy Year	Applicant Age	Commission
1	18-59	45%
1	60-74	35%
1	75-79	30%
1	80-85	20%
2-10	18-59	6%
2-10	60-79	3%
2-10	80-85	2%
11+	18-85	0

List Bill Reductions

- Policy Year 1 commissions are reduced by 7% for list bill premiums in all states excluding Indiana.
- Policy Year 1 commissions are reduced by 6% for list bill premiums in Indiana.
- Policy Years 2+ commissions are reduced by 3% for list bill premiums.

Replacement Policies:

- Commission for the sale of long-term care policies which replace an existing long-term care policy in the states of Indiana and New York shall not be greater than the percentage payable for renewal commissions.
- Replacement of policies which were written or reinsured by MedAmerica Insurance Company or MedAmerica Insurance Company of New York will be paid renewal commission.
- Year 1 commissions, where not prohibited by law, or the policy replaces a policy previously written or reinsured by MedAmerica Insurance Company.