



United Teacher Associates Insurance Company – AGA Commission Schedule

Effective 4/15/09

This Commission Schedule, herein referred to as this Schedule, is attached to and made a part of the Associate Agreement between United Teacher Associates Insurance Company (UTA) and the Associate. All capitalized terms herein shall have the meanings ascribed to them in the Associate Agreement. Associate shall receive compensation in accordance with the terms of the Associate Agreement and this Schedule as follows:

UTA shall pay Associate the compensation described above on premium received and accepted by UTA for issued policies solicited by Associate on or after the effective date of this Schedule subject to the terms and conditions of the Associate Agreement and this Schedule. Commissions are not payable on the Enrollment Fee or the premium that is attributable to the Part B deductible in Plans C, F & J. All Medicare Supplement policies, based on Guaranteed Issue requirements of the Balanced Budget Act, will receive a one time \$25 administration fee. In all states except CO, IL, IN, KS, ME and WA Medicare Supplement policies issued to applicants who qualify for Open Enrollment due to disability will pay 5% commission in years 1 - 6 to the writing agent only; there is no commission payable in years 7+. All other open enrollment policies will receive full commission pursuant to the schedule below.

Should you recruit and appoint any subagents, your compensation on business written by them will be reduced by any amounts that would be paid to those contract levels. In order to receive compensation (override commissions) on any subagent, you must have a resident or non-resident license in any state where the subagent writes business if the state has so mandated.

Compensation is expressed as a percentage of premium received by UTA. Compensation for the first policy year is first year commission. Compensation is renewal commission beginning in policy year two, except as otherwise noted. If applicable Service Fees will be paid to Associate in good standing with UTA as noted on the Commission Schedule. Service Fees are never vested. First year and renewal commissions on plans of insurance not listed shall be determined by UTA. Policy replacements and conversions will be compensated according to UTA guidelines in effect at the time the policy is written.

Policy fees, any other fees, and/or premium rate-ups and renewal increases are non-commissionable. No commissions shall be paid on underwriting or substandard premium rate-ups or renewal premium increases. Commissions are paid on the initial premium only and are not paid on any increase in premium due to age change or plan wide rate increases. Premium reductions will affect the initial premium accordingly.

COMMISSION STATEMENT - Statements are generated bi-weekly that report commissions for the month as well as other monetary transactions between you and UTA. The bi-weekly transactions are summarized to obtain a total net balance. When total commissions exceed commission chargebacks, the excess is paid to you providing the net amount due is greater than \$50.00. If the net amount due is less than \$50.00, this amount will be carried over to the next bi-weekly commission statement. When commission chargebacks exceed commissions, the commission statement total is called a debit balance. A debit balance is the total amount you must repay to UTA. Debit balances are carried over to your next bi-weekly commission statement until such balance is fully repaid.

This Commission Schedule applies only to the products listed for so long as the Agreement remains in effect. UTA reserves and shall have the right, at its sole option and discretion, to adjust and change the commissions at any time. This Commission Schedule and any commissions payable hereunder may be modified by UTA, in its sole discretion, upon ten (10) days written notice to the Associate which may be contained in any Company Field Bulletin or other written communication to Associate.



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COMMISSION SCHEDULE – The portion of the premium equivalent to the Part B deductible is not commissionable on plans that reimburse for the Part B deductible. Commissions are not paid on rate increases.

	Agent III	Agent II	Agent	SR Agent	AGA
MEDICARE SUPPLEMENT					
All States, Except AR, CO, CT, IL, IN, KS, ME, MI, MO, PA, TX, WA & WV – Plans A, B, C, D, F & G (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65-75	16% / 7.5% / 0%	18% / 8% / 0%	20% / 8.5% / 0%	21% / 9% / 0%	22% / 9.5% / 0%
Issued Ages 76+	14% / 6% / 0%	16% / 6.5% / 0%	18% / 7% / 0%	19% / 7.5% / 0%	20% / 8% / 0%
All States, Except IN, MI, TX & WV – Plans H, I & J (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65-75	16% / 7.5% / 0%	18% / 8% / 0%	20% / 8.5% / 0%	21% / 9% / 0%	22% / 9.5% / 0%
Issued Ages 76+	14% / 6% / 0%	16% / 6.5% / 0%	18% / 7% / 0%	19% / 7.5% / 0%	20% / 8% / 0%
Arkansas (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65-75	17% / 0% / 0%	17.5% / 0% / 0%	18% / 1% / 0%	19% / 1.5% / 0%	20% / 2% / 0%
Issued Ages 76+	4% / 0% / 0%	4.5% / 0% / 0%	5% / 0% / 0%	6% / 0% / 0%	7% / 0% / 0%
Colorado – All Plans					
Issued Ages 0+	16% / 7.5% / 0%	18% / 8% / 0%	20% / 8.5% / 0%	21% / 9% / 0%	22% / 9.5% / 0%
Connecticut (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65+	5% / 3% / 0%	5% / 3% / 0%	5% / 3% / 0%	5% / 3% / 0%	5% / 3% / 0%
Illinois – All Plans					
Issued Ages 0-75	16% / 7.5% / 0%	18% / 8% / 0%	20% / 8.5% / 0%	21% / 9% / 0%	22% / 9.5% / 0%
Issued Ages 76+	14% / 6% / 0%	16% / 6.5% / 0%	18% / 7% / 0%	19% / 7.5% / 0%	20% / 8% / 0%
Indiana – Plans A, B, C, D, F, G, H, I & J (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 0+	19% / 0% / 0%	20% / 0% / 0%	22% / 0% / 0%	23% / 0% / 0%	24% / 0% / 0%
Kansas – Plans A, C, & F (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 0+	17% / 0% / 0%	17.5% / 0% / 0%	18% / 0% / 0%	19% / .5% / 0%	20% / 1% / 0%
Kansas – Plans B, D & G (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 0-75	20% / 6% / 0%	18% / 7.5% / 0%	20% / 8.5% / 0%	21% / 9% / 0%	22% / 9.5% / 0%
Issued Ages 76+	18% / 4% / 0%	16% / 6% / 0%	18% / 7% / 0%	19% / 7.5% / 0%	20% / 8% / 0%



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MEDICARE SUPPLEMENT CONT.					
Maine (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages - All	5% / 3% / 0%	5% / 3% / 0%	5% / 3% / 0%	5% / 3% / 0%	5% / 3% / 0%
Michigan					
Heaped Commissions (Yrs 1-3 / 4-10 / 11+ Service Fees)					
Issued Ages 65+	24% / 1% / 0%	27% / 1.5% / 0%	29% / 2% / 0%	30% / 2.5% / 0%	31% / 3% / 0%
Level Commissions (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65-75	15% / 6% / 0%	18% / 7.5% / 0%	20% / 8.5% / 0%	21% / 9% / 0%	22% / 9.5% / 0%
Issued Ages 76+	13% / 5% / 0%	16% / 6% / 0%	18% / 7% / 0%	19% / 7.5% / 0%	20% / 8% / 0%
Missouri & Pennsylvania (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65-75	15% / 4% / 0%	15.5% / 4.5% / 0%	16% / 5% / 0%	17% / 6% / 0%	18% / 7% / 0%
Issued Ages 76+	13% / 3% / 0%	13.5% / 3.5% / 0%	14% / 4% / 0%	15% / 5% / 0%	16% / 6% / 0%
Texas – Plans A (Yrs 1-7 / 8-10 / 11+ Service Fees)					
Issued Ages 76+	7.5% / 0% / 0%	8% / 0% / 0%	8.5% / .5% / 0%	9.5% / 1% / 0%	10.5% / 1.5% / 0%
Texas – Plans B, C, D, F, G, H, I & J (Yrs 1-7 / 8-10 / 11+ Service Fees)					
Issued Ages 65-75	16% / 2% / 0%	18% / 2% / 0%	20% / 3% / 0%	21% / 3.5% / 0%	22% / 4% / 0%
Issued Ages 76+	14% / 0% / 0%	16% / 1% / 0%	18% / 1.5% / 0%	19% / 2% / 0%	20% / 2.5% / 0%
Washington – All Plans (All Yrs)					
Issued Ages – All	5%	5%	5%	5%	5%
West Virginia – Plans A, B, C, D, F, G, H, I & J (Yrs 1-6 / 7-10 / 11+ Service Fees)					
Issued Ages 65-75	20% / 0% / 0%	20% / 1% / 0%	22% / 2% / 0%	23% / 3% / 0%	24% / 4% / 0%
Issued Ages 76+	17% / 0% / 0%	18% / 1% / 0%	20% / 2% / 0%	21% / 3% / 0%	22% / 4% / 0%



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	Agent III	Agent II	Agent	SR Agent	AGA
CONSERVED/EXCHANGED MEDICARE SUPPLEMENT POLICES (15 MONTHS OR LESS INFORCE)					
All States, unless listed below (YRS 1–6 / YRS 7–10)					
All Ages	14% / 1%	15% / 1%	16% / 1.5%	17% / 2%	18% / 2.5%
Texas (YRS 1–7 / YRS 8–10)					
All Ages	14% / 0%	15% / 0%	16% / 0%	17% / 0%	18% / 0%
Indiana (YRS 1–6 / YRS 7–10)					
All Ages	14% / 0%	15% / 0%	16% / 0%	17% / 0%	18% / 0%
Michigan (YRS 1–3 / YRS 4–10 / YRS 11+)					
All Ages	16% / 1% / 1%	17% / 1% / 1%	18% / 1.5% / 1%	19% / 2% / 1%	20% / 2.5% / 1%
CONSERVED/EXCHANGED MEDICARE SUPPLEMENT POLICES (MORE THAN 15 MONTHS INFORCE)					
All States, unless listed below (YRS 1–6 / YRS 7–10)					
All Ages	8% / 1%	9% / 1%	10% / 1.5%	11% / 2%	12% / 2.5%
Texas (YRS 1–7 / YRS 8–10)					
All Ages	8% / 0%	9% / 0%	10% / 0%	11% / 0%	12% / 0%
Indiana (YRS 1–6 / YRS 7–10)					
All Ages	8% / 0%	9% / 0%	10% / 0%	11% / 0%	12% / 0%
Michigan (YRS 1–3 / YRS 4–10 / YRS 11+)					
All Ages	6% / 1% / 1%	7% / 1% / 1%	8% / 1.5% / 1%	9% / 2% / 1%	10% / 2.5% / 1%
ACCIDENT					
All States (Yrs 1 / 2+ Service Fees)					
Issued Ages – All	30% / 3%	35% / 4%	40% / 5%	45% / 7.5%	55% / 10%
FINAL EXPENSE					
All States (Yrs 1 / 2-5 / 6-10 / 11+ Service Fees)					
Issued Ages 45-64	85% / 6% / 1% / 0%	90% / 7% / 2% / 0%	95% / 8% / 3% / 0%	100% / 9% / 4% / 0%	105% / 10% / 5% / 0%
Issued Ages 65-80	80% / 6% / 1% / 0%	85% / 7% / 2% / 0%	90% / 8% / 3% / 0%	95% / 9% / 4% / 0%	100% / 10% / 5% / 0%
Issued Ages 81-85	45% / 6% / 1% / 0%	50% / 7% / 2% / 0%	55% / 8% / 3% / 0%	60% / 9% / 4% / 0%	65% / 10% / 5% / 0%



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FIRST DIAGNOSIS CANCER & CANCER TREATMENT — FIRST DIAGNOSIS HEART & HEART TREATMENT					
All States – Except FL, MD, MI, NC, SD, SC, WA, WV & WY (Yrs 1 / 2+ Service Fees)					
Issued Ages – All	30% / 3%	35% / 4%	40% / 5%	45% / 7.5%	55% / 10%
FL, MD, NC, SD, SC, WA, WV & WY (Yrs 1 / 2+ Service Fees)					
Issued Ages – All	30% / 3%	35% / 4%	37.5% / 4.5%	40% / 5%	45% / 6%
Michigan (Yrs 1 / 2+ Service Fees)					
Issued Ages 0-64	27.5% / 2.5%	30% / 3%	35% / 4%	40% / 5%	45% / 7.5%
Issued Ages 64+	12.5% / 2.5%	15% / 3%	17.5% / 4%	20% / 5%	22.5% / 7.5%