



SCHEDULE OF COMMISSIONS MEDICARE SUPPLEMENT

For Purposes of this Compensation & Product Schedule, the term “you” or “your” shall have the same meaning as the term “Agent” in the Agreement.

This Compensation & Product Schedule (this “schedule”) is part of your agreement or contract with Company (“Agreement”) and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company’s Medicare Supplement products (the “Products”), as submitted by your Combined Insurance Company of America Agency Director. In no event does this Schedule apply to persons with License-Only Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

ALL COMMISSIONS

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submits Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

GENERAL PROVISIONS

- 1. Product Included.** The provisions and conditions of the Schedule shall apply only to the Products specifically identified in the Schedule.
- 2. Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under the Schedule shall be void.
- 3. Administrative Rules.** The Company’s administrative rules, practices and procedures may be revised, modified or selected by the Company from time to time.
- 4. Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.
- 5. Confidential Information.** Confidential Information, as defined in your Agreement, does not include information relating to Compensation payments payable, paid or provided to you pursuant to this Schedule.

COMMISSION RATES FOR MEDICARE SUPPLEMENT PLANS

*Not all states listed below are approved and rates are subject to change.
Please refer to state availability chart for approved states.*

AL, AZ, OH, WV

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.000%	0.000%	0.000%	0.000%	\$-	\$-	\$-	\$-
Ages 65-79	24.000%	24.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	12.000%	12.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

IL, KY, LA, MS, NC, OK, SD

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	12.000%	12.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	24.000%	24.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	12.000%	12.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

*Paid to the writing agent only

IN

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	0.000%	0.000%	0.000%	0.000%	\$-	\$-	\$-	\$-
Ages 65-79	20.000%	20.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	20.000%	20.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

MO, PA

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	24.000%	24.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	24.000%	24.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	12.000%	12.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

SC

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	24.000%	24.000%	0.000%	0.000%	24.000%	24.000%	0.000%	0.000%
Ages 65-79	24.000%	24.000%	0.000%	0.000%	24.000%	24.000%	0.000%	0.000%
Ages 80+	12.000%	12.000%	0.000%	0.000%	12.000%	12.000%	0.000%	0.000%

TN

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-6	Years 7-10	Years 11+	Year 1	Years 2-6	Years 7-10	Years 11+
Ages < 65	7.200%	7.200%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	24.000%	24.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	12.000%	12.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

TX

Commission Rates New Business

	Policy Years							
	New Business/Open Enrollment				Guarantee Issue*			
	Year 1	Years 2-7	Years 8-10	Years 11+	Year 1	Years 2-7	Years 8-10	Years 11+
Ages < 65	11.000%	11.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 65-79	22.000%	22.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-
Ages 80+	11.000%	11.000%	0.000%	0.000%	\$25.00	\$25.00	\$-	\$-

*Paid to the writing agent only

COMMISSION RULES

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. For Medicare Supplements policies, the commission is calculated on the lesser of initial premium or paid premium.
3. The attributed Medicare Part B deductible is not commissionable.
4. Policy/Application fees on Medicare Supplement Plans are not commissionable.
5. Unearned commission within any policy year will be charged back on any premium refunded to the policy owner.
6. The commission for the Product is vested and may be credited to you after the termination date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
7. Internal Replacements Medicare Supplement. Commission will be calculated at 100% of the applicable commission rate when a new Combined Insurance Company of America Medicare Supplement policy replaces an existing Combined Insurance Company of America Medicare Supplement policy, or an existing Combined Insurance Company of America Medicare Supplement policy, and the producer of record does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
8. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
9. The Company may, from time to time, issue compensation/product schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether the Product is eligible for bonuses.