



Instructions for Single Case Amendment form:

- *This form is to be used as follows:*

Page 1 REQUIRED:

- a) Group cases with non-standard base commission rates will be paid by UnumProvident (fixed amounts are not allowed).
- b) Net Commission Cases – no base commissions (standard or non-standard) will be paid by UnumProvident.
- c) Self-Insured/ASO Cases with any ‘commissions’ or fees being paid by UnumProvident.
- d) A case is set up non-standard base commission rates and there is a change to standard commission rates.
- e) Always required when page 2 is being completed (even if page 2 is being executed after the case was initially set up and there are no changes to the net commission status).

Page 2 REQUIRED:

Only applicable for Net-of Commission cases.

UnumProvident's *compensation policy* states that if base commissions are paid by UnumProvident to the producer, then the business will be eligible for consideration under our incentive/override compensation programs. If base commissions are not paid on the case (a net-of-commission situation), customer approval is required for the business to be eligible for incentive/override compensation. If the customer would like to request/authorize that the case be eligible for inclusion in our incentive/override compensation programs, then complete page 2.

{Page 2 is not applicable for Self-Insured/ASO cases.}

If page 2 is used, page 1 must always be completed and submitted as well.

- *This form is only to be used for one producer. Multiple producers require multiple forms.*
- *If there is an NLOC on a case with an existing SCA, a new SCA must be prepared for the new coverage that is being added.*
- *Type information (excluding signatures) print copy, obtain sales rep, producer, and customer signatures and mail to applicable underwriter.*
- *This form is NOT required for Group Direct cases (no producer).*
- *This form must be executed for any compensation changes (base or incentive) during the life of the policy.*
- *Additional guidance on completing the SCA is available via the [SCA job aid](#) on UP Central.*

This SCA can only be processed if all the above fields have been filled out completely and correctly.

Commission Questions: 1-800-633-7491

[Producer Comp mail stop: 02C10](#)

To be filled out by the Producer Compensation Team:

Date SCA was received:

Date SCA was completed:

Completed by:



Single Case Amendment to Broker's Commission Contract & Incentive Programs

Customer Disclosure Reminder & Incentive Consent

Policyholder: Policy Number(s):
Effective Date:
Broker Name: Broker Number:

Disclosure Reminder regarding broker compensation:

Your broker or benefit consultant can offer you important advice and guidance as you select the policy and provider most appropriate for your needs. At UnumProvident we recognize the vital role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your broker can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.

If you would like additional information about the range of compensation programs our company offers, you can find more details at www.unumprovident.com. Should you have other questions not addressed by the website or if you want to speak to us directly about broker compensation, please call 1-800-633-7491.

For those insurance policies where no base commissions are payable, UnumProvident's compensation policy requires customer approval for the broker or benefit consultant to be eligible for other compensation programs such as incentives or overrides. A customer's decision in this regard will not impact the premium rate charged for their policy.

Please mark the box below and sign below if you, the customer, request/authorize that the policy(ies) noted above be included in UnumProvident's incentive/override programs. This election will remain in effect for the life of the policy(ies), unless a change is otherwise requested by the customer in writing.

YES As a customer, I DO want the policy(ies) noted above to be included in UnumProvident's incentive compensation/override programs.

Required Signatures:

Broker/Consultant Signature: Date:
Print Broker/Consultant Name:

Policyholder Representative Signature: Date:
Print Policyholder Name:
(must be officer of the company)