



Washington

COMMISSION SCHEDULE

● *Your share of the pie*

You work hard for your clients. They—and we—appreciate your effort to put security and peace of mind into their hands. Since your dedication helps drive the financial success of our company, we believe that we owe you. That's why we developed these competitive commission rates for producers who are licensed and appointed with LifeMap. They're just one way to show you how much we appreciate you and the work you do.



APPRECIATION FOR EXCELLENCE

These are the commission rates we pay to producers licensed and appointed with LifeMap. They're designed to provide compelling incentives for your sales efforts. In many instances we also offer higher commissions when participation is strong.

GROUP COVERAGE

| Term Life, AD&D and Dependent Life | |
|------------------------------------|-----------------|
| Premium | Commission Rate |
| First \$10,000 | 10% |
| Next \$15,000 | 7% |
| Next \$25,000 | 5% |
| Next \$15,000 | 3% |
| Next \$185,000 | 2.5% |
| Next \$250,000 | 2% |
| Next \$500,000 | 1% |
| Over \$1,000,000 | 0.5% |
| Employee Assistance Program (EAP) | |
| Premium | Commission Rate |
| All premiums | 10% |
| Short Term Disability | |
| Premium | Commission Rate |
| First \$10,000 | 10% |
| Next \$15,000 | 7% |
| Next \$25,000 | 5% |
| Next \$15,000 | 3% |
| Next \$185,000 | 2.5% |
| Next \$250,000 | 2% |
| Next \$500,000 | 1% |
| Over \$1,000,000 | 0.5% |
| Long Term Disability | |
| Premium | Commission Rate |
| First \$20,000 | 15% |
| Next \$30,000 | 10% |
| Over \$50,000 | 1% |
| Voluntary Life and Voluntary AD&D | |
| Participation* | Commission Rate |
| 35%+ | 20% |
| 20-34% | 15% |
| 0-19% | 10% |
| Voluntary STD and Voluntary LTD | |
| Participation* | Commission Rate |
| 35%+ | 15% |
| 25-34% | 10% |
| 0-24% | 5% |

GROUP COVERAGE

| Group and Voluntary Accident Only | |
|--------------------------------------|-----------------|
| Participation* | Commission Rate |
| 21%+ | 20% |
| 11-20% | 15% |
| 0-10% | 10% |
| Group and Voluntary Critical Illness | |
| Participation* | Commission Rate |
| All premiums | 6% |
| Group and Voluntary Dental | |
| Premium | Commission Rate |
| All premiums | 5% |
| Group and Voluntary Vision | |
| Premium | Commission Rate |
| All premiums | 5% |

INDIVIDUAL COVERAGE

| Short Term Medical | |
|-------------------------|-----------------|
| Premium | Commission Rate |
| All premiums | 15% |
| Dental | |
| Premium | Commission Rate |
| First-year premium | 15% |
| 2nd year and thereafter | 5% |
| Critical Illness Plus | |
| On all amounts | 10% |

● LifeMapCo.com | 1 (800) 794-5390

* We base participation on the census information loaded into the enrollment system the day prior to the first day of enrollment. This flyer is for marketing purposes only. Please refer to your Agent/Agency contract for the most up to date commission rates.