

### Oregon, Idaho, and Utah

# **COMMISSION SCHEDULE**

### Your reward for a job well done.

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	<b>Commission Rate</b>	
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	<b>Commission Rate</b>	
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	<b>Commission Rate</b>	
First \$20,000	15%	
Next \$30,000	10%	
Over \$50,000	1%	
Voluntary Life and Voluntary AD&D		
Participation*	<b>Commission Rate</b>	
35%+	20%	
20-34%	15%	
0-19%	10%	
Voluntary STD and Voluntary LTD		
Participation*	<b>Commission Rate</b>	
35%+	15%	
25-34%	10%	
0-24%	5%	

Flat commission percentages available upon request and subject to state limitations.

### **GROUP COVERAGE**

SKOOF COVERAGE		
Group and Voluntary Accident Only		
Participation*	Commission Rate	
21%+	20%	
11-20%	15%	
0-10%	10%	
Group and Voluntary Critical Illness		
Participation*	<b>Commission Rate</b>	
21%+	20%	
11-20%	15%	
0-10%	10%	
Group and Voluntary Dental		
Premium	<b>Commission Rate</b>	
All premiums	5%	
Group and Voluntary Vision		
Premium	<b>Commission Rate</b>	
All premiums	5%	
2-9 Size Groups		
Life/AD&D	10%	
Voluntary Life/AD&D	15%	
STD	10%	
LTD	15%	
Vision	5%	
Dental	5%	

### **INDIVIDUAL COVERAGE**

Dental		
Premium	<b>Commission Rate</b>	
First-year premium	15%	
2nd year and thereafter	5%	

LifeMapCo.com1 (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. The commission scales shown above shall not apply to policies with negotiated commissions.

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