UnitedHealthcare Medicare Plans

UnitedHealthcare Assignment of Commission

Medicare Products

This Agreement is entered into by and between UnitedHealthcare Insurance Company, on behalf of itself and its affiliates (collectively, the "Company") and the undersigned, herein called the Assignor. The **Assignor** hereby assigns to the **Assignee** all of the Assignor's right, title, interest, claim or demand in and to any and all compensation now due and payable, or which may become due and payable, under existing contracts and agreements with Company for the sale of Medicare products under your agent/agency Medicare Plans agreement.

Assignor and Assignee **agree to the following terms**:

- Assignee, an individual or entity, must be contracted with the Company for the sale of Medicare Products under your agent/agency Medicare Plans agreement.
- Assignor's commissions for the writing id(s) specified below will be paid to the Assignee until Assignor terminates this assignment by written notice to the Company
- Assignor has the right to terminate this assignment at any time with written notice to the Company
- Assignee has no right to terminate this assignment
- Assignee is responsible for chargeback debt accrued by the Assignor from the execution of this assignment until termination, including appointment fee collection
- Assignor's submission of this assignment of commission cancels any existing assignment of commission, if applicable
- Assignee will receive the 1099 for payments received under this assignment of commission
- After commissions are assigned to Assignee, Assignor retains the obligation to pay any solicitors in its downline
- Assignor and Assignee shall at all times defend, indemnify and hold harmless the Company and its officers, agents, and employees from and against any and all suits, actions, losses, damages, claims, expenses (including but not limited to the Company's legal expenses) and liability of any character, type or description arising out of the execution or performance of this assignment.
- State and/or federal law related to Assignor and Assignee licensing and appointment apply as required.

The Assignor has business or plans on selling business in the following states:

FL ☐ **KS** ☐ **KY** ☐ **MT** ☐ **NC** ☐ **NM** ☐ **NY** ☐ **PA** ☐ **SD** ☐ **VA** ☐ **WI** ☐ **WV** ☐ **Not Applicable** ☐

(***one or more boxes must be checked)***

By signing below, the Assignor and Assignee agree to the terms of this assignment of commission.

From

Assignor Name _____ Assignor Writing ID(s) _____
(Agent/Agency name - please print clearly) (Medicare Writing ID required)

Assignor Signature_____ Date_____

To

Assignee Name_____ Assignee Writing ID _____
(Agent/Agency name - please print clearly) (Medicare Writing ID required)

Assignee Signature_____ Date_____

Send completed form to sh_commissions_administration@uhc.com or fax to 866-761-9162