

## Utah Producer Compensation Disclosure

### PRODUCER AGREEMENT AND COMPENSATION DISCLOSURE

I understand and agree that in acting as the producer for this applicant:

1. The application was completed by the applicant.
2. I am in possession of a valid license issued by the State of Utah that authorizes me to sell and service health insurance.
3. I have no authority to;
  - a. Make, alter, interpret, or discharge an application or policy in the name of a insurer; or
  - b. Waive any of the terms or conditions of the policy.
4. I have no authority to assign effective dates or to effect member changes.
5. I certify that the compensation disclosure required by UCA 31A-23a-501 has been made to the applicant.

Producer Name \_\_\_\_\_ License # \_\_\_\_\_ Agency \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
(A faxed signature shall be valid as an original signature)

**Producer Compensation Disclosure:**

Compensation includes commissions, fees, awards, overrides, bonuses, contingent commissions, loans, stock options, gifts, prizes, or any other form of valuable consideration. A producer must disclose either the compensation amount or type known at the time of disclosure.

Disclosure either:  
Compensation Amount:

Or Compensation Type:

I have received written disclosure that the producer will receive compensation from the insurer or a third party administrator for the placement of insurance, including the amount or type of compensation.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_