

## Renaissance Healthy Savings Card Agent Fee Agreement

This AGREEMENT is made this first day of \_\_\_\_\_ by and between RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereafter referred to as "RENAISSANCE" and \_\_\_\_\_ as Sales Representative or Agent, herein referred to as "AGENT."

WITNESSETH: RENAISSANCE agrees to pay the AGENT fees, hereby referred to as commissions, in accordance with the schedule and terms of this AGREEMENT and in the manner stated herein for membership fees paid in cash to RENAISSANCE.

The commissions stated herein and subject to the terms and conditions of this AGREEMENT shall be paid to the AGENT provided the AGENT: (1) executes this AGREEMENT with RENAISSANCE; (2) is designated as the AGENT for such group or individual by RENAISSANCE; (3) performs services relating to the group or individuals in a manner satisfactory to RENAISSANCE; and (4) if required, is a licensed agent appointed by RENAISSANCE.

Commissions shall be paid by RENAISSANCE to the AGENT within 45 days of the date membership fees are paid by the group to RENAISSANCE. If a rate adjustment is made for a group at renewal, any corresponding adjustment in the AGENT's commission shall be made at the beginning of the renewal period.

AGENT is not authorized to receive any monies due RENAISSANCE unless written authorization to do so, signed by an Officer of RENAISSANCE, is delivered to AGENT. In the event any funds due RENAISSANCE are received by AGENT, they shall be deposited by AGENT in a separate trust account and remitted in full to RENAISSANCE within five working days after receipt. Any funds not remitted as herein provided shall bear interest at the rate of 8% per annum. In the event litigation or administrative action is sought to collect monies due hereunder, RENAISSANCE shall be entitled to collect all funds due it, all cost of bringing an action to recover monies, and reasonable attorney's fees.

Any indebtedness of AGENT to RENAISSANCE shall be first lien against any commissions due said AGENT or his/her representative or assigns under this AGREEMENT, or any other agreement between AGENT and RENAISSANCE, and such commissions shall be applied to liquidate such indebtedness.

No assignment, transfer, or disposal of any interest that AGENT may have on account of this AGREEMENT shall be made at any time without written approval of RENAISSANCE.

RENAISSANCE may, at its option, be responsible for enrolling and servicing the group and AGENT hereby agrees to abide by the elected option of RENAISSANCE; but in either event, AGENT agrees to render satisfactory services as directed by RENAISSANCE.

RENAISSANCE has determined the commission rate should be based on membership fees.

1. Commissions for annual payment will be annualized and paid as indicated above.
2. Commissions for those groups paying monthly will be annualized and paid when the first Bank Draft (ACH) or credit card payment is processed. Commissions should be received by the 15th of the month following 90 days.
3. No commissions will be paid on enrollment fees.
4. The annual commission rate will be reviewed and adjusted at contract renewal.
5. The commission rate will be based on the current enrollment or enrollment at renewal multiplied by the membership fees for the next contract period.

**Commission Rates:**  
**1st Year 35%**  
**2nd Year 10%**

**Renaissance Healthy Savings Card Agent Fee Agreement (cont.)**

RENAISSANCE reserves the right to change, delete, or otherwise modify any or all terms of this AGREEMENT at any time by giving AGENT ten (10) days prior written notice of any change, deletion, or modification.

**W-9 Certification:**

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3. I am a U.S. person (including a U.S. resident alien).

**Assignment:**

As the agent for this group, I do hereby assign the commissions as indicated below:

Commission Check Payable to: *(must match the Federal Tax Identification number)*

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

*This assignment shall remain in effect as long as I am the agent on this group and/or until RENAISSANCE receives written notification from me that the assignment has been modified or canceled.*

**Tax Information:** Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

\_\_\_\_\_  
Federal Tax Identification Number or Social Security Number

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Agent's Address (if different from above)

RENAISSANCE

By: \_\_\_\_\_ By: \_\_\_\_\_  
Agent

**I am already receiving commissions via direct deposit, and would like to do the same for this group.**  
**Please initial and date here:** \_\_\_\_\_

**OR**

**\*I am NOT receiving my commissions via direct deposit but would like to do so for this group & all others.**

**\*\*Please 1) Complete and sign authorization below and 2) Enclose a voided check.**

I hereby authorize RENAISSANCE to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my **Account #:** \_\_\_\_\_  
and the depository, to debit and/or credit the same to such account.

**Bank Name:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

This authorization is to remain in full force and effect until RENAISSANCE has received written notification from me of its termination in such time and in such manner as to afford RENAISSANCE and depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Agent Date