

Referral Program

2021 Statement of Understanding

Purpose

- To assist agents who do not consider a particular market their primary focus, or who do not have access to a specific carrier/product.
- To support such agents when they receive inquiries from their clients regarding individual products they do not offer. Group Sales are not handled through this program.

Procedure

- Referring agent is required to submit the client information to Savers Marketing and advise them that a Savers Marketing representative will be contacting them. Savers Marketing will not share this information with anyone outside of the organization and will not market any product directly to the prospect outside of the scope of this referral.
- **Referring agent's involvement ends with the submission of the prospect information. The agent must not make any representations regarding the product or carrier in any manner.**
- Savers Marketing will communicate **ALL** benefit and rate information **DIRECTLY** to the client.
- Savers Marketing will report the final enrollment decision to the referring agent as soon as it is finalized. Communication with the applicant during the underwriting process will not be the responsibility of the referring agent.

Compensation

- Referral agent must hold a current health insurance license in their state.
- Referral fees are as follows:
 - ACA
 - BCBSNC & BCBSSC
 - First Year: 50% of producer level compensation
 - Renewal Years: \$2.00 monthly
 - Bright Health & Ambetter (First Year & Renewal)
 - \$8.33 Per Member/Per Month (\$100 Annualized)
 - BCBS Anthem, Cigna, Oscar: TBD Pending 2021 Commission Details
 - Medicare Advantage & Medicare Supplements (First Year & Renewal Years): 50% of producer level compensation, capped at \$100 annually (per CMS regulation)
 - Dental, Vision & Short Term Plans (First Year): 50% of producer level compensation (up to \$100)
 - Life Insurance: (First Year): 50% of producer level compensation (up to \$250)
 - PDP: No Referral Fee
- Fees will be paid for policies where commissions are received.
- Fees will be based on information supplied to Savers Marketing by the carrier.
- The fee will be processed on the 20th of the month for commissions received the prior month.

Referral Payment Authorization

Make payments to: **AGENT** **AGENCY**

Agent/Agency Name (depending on selection above): _____

Social Security Number (if agent) or Agency Tax ID (if agency being paid): _____

Date of Birth: _____

Signature _____ Date _____

Please indicate how you prefer to be paid:

I prefer to receive paper checks mailed to this address (Paper Checks are only mailed when amount exceeds \$25):

-OR-

I prefer to receive Direct Deposit.

I hereby authorize Savers Marketing and the financial institution(s) listed below to deposit my commissions automatically to my:

Checking Account or Savings Account

This authority will remain in full force and effect until Savers Marketing has received written notification from me of its termination in such time and in such manner as to afford Savers Marketing a reasonable opportunity to act on it.

Bank Branch Name _____ City _____ State _____

Bank Transit/Routing # _____

Bank Account # _____

**Save completed form and upload via our Secure Upload
or email both pages to robiny@tbrins.com.**