BlueCross BlueShield of South Carolina and
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

COMMISSION ASSIGNMENT AGREEMENT

☐ **BlueCross BlueShield of South Carolina** ☐ **BlueChoice HealthPlan**

☐ **Companion Life** - Life insurance is offered by Companion Life. Because Companion Life Is a separate company from BlueCross and BlueChoice HealthPlan, Companion Life will be responsible for all services related to life insurance.

I, (Print Name) _____ hereby agree that my appointment is subject to, and I hereby agree to be bound by, the following conditions:

(1) I understand that all business written while under the jurisdiction of the General Agency who requested my appointment (see below) belongs to the Agency in the event I terminate my contract with that Agency.
(2) I understand that at any time, either while I am under the jurisdiction of the General Agency or after that relationship has ended, the General Agency may change payment of the commissions to the Agency.
(3) This Commission Assignment cannot be revoked, except with the express approval of the General Agency shown below. If I wish to change the method of paying commissions for business written while under this appointment, I will be required to submit a new Commission Assignment form, signed by myself and the General Agency through which I have been appointed.
(4) That Companies have no obligation to me for expenses or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance by the Companies.
(5) That Companies reserves the right to recover overpayments from future commission payments. In the event an error is made in the calculation and/or payment of commissions under this Agreement, regardless of who made the error or the reason for the error, parties agree that correction of the error shall be made retroactively for a maximum of twelve (12) months from the date the error was discovered by Companies.
(6) Upon termination of my appointment, Companies reserves the right to cease paying any additional commissions regardless of the date a policy or contract was written.

Please check the appropriate box below to indicate your choice of commission payment and complete only the section following your choice.

☐ Pay commissions directly to the Agency.

(1) I request that all commissions paid as a result of business I write be paid directly to the Agency through which I have been appointed, as evidenced by the signature of the Agency on the preceding page and below.
(2) That because I have assigned my commissions directly to the Agency, Companies has no obligation to me for commissions or any form of compensation whatsoever in connection with business I have written.
(3) All commissions earned while under this Commission Assignment will continue to be paid to the Agency as long as the contracts or policies remain in force and subject to commission payments.

☐ Pay commissions directly to the Producer.

I request that commissions paid as a result of business I write be paid directly to me.

☐ Pay commissions to a third party (neither Producer nor Agency).

I request that commissions paid as a result of business I write be paid to:_____

_____

☐ I Accept, Electronic Signature. By selecting "I Accept" you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. By selecting "I Accept" using any device, means or action, you consent to the legally binding terms and conditions of this document. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting document between you and BlueCross BlueShield of South Carolina.

E-Signature: _____

SC DOI License #_____

NPN:_____

Date:_____

I,_____, as representative of the Agency for the Applicant, agree to accept the Commission Assignment as indicated above.

☐ I Accept, Electronic Signature**.** By selecting "I Accept" you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. By selecting "I Accept" using any device, means or action, you consent to the legally binding terms and conditions of this document. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting document between you and BlueCross BlueShield of South Carolina.

E-Signature: _____

Title:_____

Agency Name:_____

Agency SC DOI License #:_____

Date:_____