

Instructions for Completing the Compensation Assignment Form

Each insurance producer acting in the capacity of a Writing Agent (an individual who actually performs the activities related to the solicitation and sale of the insurance product) has the right to assign payments (all types—commissions and bonuses) of earned compensation to another licensed and appointed agent or agency. The agent or agency receiving the commissions is designated as the “Agent of Record” or “Payee” for the case. To assign commissions to an agency or another individual, the Compensation Assignment Form must be completed.

Important!!!

Assignments are irrevocable. Writing Agents are cautioned that once business is assigned to another agent or an agency, only the Assignee, a.k.a. Payee, can change the assignment at a later date. Both Writing Agent and Payee must be licensed and appointed (as appropriate) to receive the compensation on business for which the assignment applies.

Completing the Form

The Compensation Assignment Form is a fillable form. You may complete the form while it is displayed on your computer. When the form is complete, save it to your computer, print and sign, and forward to your sales office contact with the appointment package. Or send the form directly to UHC Producer Credentialing when changing an existing assignment.

Section 1: Assignor Information

Please provide information about the producer who will be assigning commissions to another entity:

- Name of the writing agent who assigns prospective commissions **or** name of existing payee who wishes to change the assignment
- Social Security Number or Tax Identification Number
- UHC Producer ID or Payee Code (if known) if an existing payee is changing the assignment
- Telephone: Please provide your preferred telephone number if additional information is needed to process the compensation assignment
- Mailing Address where information from UHC has been sent

Section 2: Assignee Information

Please provide information about the producer to whom the commissions should be assigned:

- Name of the payee who should receive prospective commissions
- Social Security Number or Tax Identification Number
- UHC Producer ID or Payee Code (if known) if an existing payee is changing the assignment to another existing payee
- Telephone: Please provide your preferred telephone number if additional information is needed to process the compensation assignment
- Mailing Address where information from UHC should be sent

Section 3: Scope of the Assignment

Check whether the assignment affects the entire book of business or specific groups. If the assignment affects only specific groups, list the group numbers and names that should be assigned to the new producer.

Section 4: Timeframe of the Assignment

Identify whether the assignment should occur as of a specific date or the current date. Please note that no retroactive change of assignment is possible if commissions were already paid to a previous Assignee.

Signature Section:

Sign, Date, and include your title (if signing on behalf of a business entity).

Compensation Assignment Form

Note: Both Assignor and Assignee must be licensed and appointed by UnitedHealthcare for the assignment to be effective.

I. Assignor Information:

Name:	Street:
SSN or TIN:	City:
UHC Producer ID or Payee Code (if known):	State:
Tel:	Zip:

II. Assignee Information:

Name:	Street:
SSN or TIN:	City:
UHC Producer ID or Payee Code (if known):	State:
Tel:	Zip:

III. Scope of the Assignment (please mark one):

- Primary Assignment for all business placed with UnitedHealthcare** (all Writing Agent Compensation Relationships to previous Assignee will be terminated and new relationships to new Assignee established)
- Specific Groups (please list group # and group name):

Group #	Group Name
<input type="checkbox"/> If more than 3 groups, please mark here and attach a separate list.	

IV. Timeframe of the Assignment:

- New Assignment Effective Immediately (current date will be used)**
- The assignment is effective on ____/____/____ (If the assignment should be effective before or after the current date, please specify the date.) **No retro change of assignment is permitted if commissions were already paid to a previous Assignee.**

I, the Assignor, hereby sell, assign and transfer to the Assignee named above, its legal representative or assigns, the commissions, other compensation, and payments now due or which become due on business specified above after the date this Assignment is recorded by UnitedHealthcare. I authorize the Assignee, its legal representative(s) and assign(s) to collect all such commissions and other compensation and payments. These commissions and other compensation and payments are for the Assignee's full use and benefit. I ratify and confirm all that the Assignee, its legal representative(s) and assign(s) lawfully do or cause to be done by virtue of this Assignment.

This Assignment is subject to all the terms and provisions of any contracts that may be in force between Assignor, Assignee, and UnitedHealthcare, including but not limited to retention of first lien, security interest and offset rights against the assigned commissions and other compensation and payments to secure payment of any indebtedness which I or the Assignee may now or in the future owe to UnitedHealthcare. I agree to indemnify and hold UnitedHealthcare harmless from any amounts which UnitedHealthcare pays under this Assignment.

I hereby certify that this Assignment is the result of an arm's length agreement between the Assignee and myself and that the Assignee has paid me good and valuable consideration for this Assignment. I understand that UnitedHealthcare is not responsible for the validity, sufficiency, or tax consequences of this Assignment. I understand that I am solely responsible for notification and any contractual obligations that I may have with a previous Assignee when I request to change the assignment.

(Signature of Assignor)

(Date)

(Title: Owner, President, Officer, etc.)