Trustmark
INSURANCE COMPANY
400 Field Drive
Lake Forest, IL 60045-2581

SINGLE CASE AGREEMENT
Worksite Specialist or Producer

_____ Worksite Specialist/Producer

_____ Date

This Single Case Agreement becomes part of your Worksite Specialist or Producer Agreement, and is governed by the terms of that Agreement except as may be amended herein:

This Agreement is applicable only to the solicitation of applications for voluntary group insurance from:

_____
(Group Name)

In consideration of the services performed in accordance with the terms of this Agreement, Worksite Specialist/Producer will be paid commissions on Trustmark policy forms as follows:

Percentage of Total Commission (Split)

	High/Low 1st Year	High/Low 2nd - 10th Year	High/Low 11+ Years	Level All Years
Universal Life	_____	_____	_____	_____
Term Alternative 10	_____	_____	_____	_____
Other	_____	_____	_____	_____

	1st Year	2+ Years	All Years
Critical Illness/Cancer	_____	_____	N/A
Disability Income	_____	_____	_____
Dental*	_____	_____	_____
Short Term Disability	_____	_____	_____
Long Term Disability	_____	_____	_____
Other	_____	_____	_____

Non-Standard Commission (Voluntary Group Products Only)

	High/Low 1st Year	High/Low 2+ Years	Level All Years
Dental*	_____	_____	_____
Short Term Disability	_____	_____	_____
Long Term Disability	_____	_____	_____

*Takeover groups: 10% commission will be paid on takeover lives. 20% commission will be paid on newly enrolled lives.
This Agreement may be amended in writing by mutual agreement of the Company and Producer and shall not be amended by any oral statement.
This Agreement shall be deemed to have been made in and shall be governed by the laws of the State of Illinois.

ACCEPTED: _____
Producer (print name)

_____
Producer Signature

TRUSTMARK INSURANCE CO.

BY _____

Date: _____