



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

**SINGLE CASE AGREEMENT
 VOLUNTARY GROUP PRODUCER**

 Producer

 Date

This Single Case Agreement becomes part of your Voluntary Group 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, Producer will be paid commissions as follows. The commissions for each policy year will be the percent of the net premium, received and retained by Trustmark, for coverage sold and issued during the period for which commissions are payable, and during which Producer is recognized by Trustmark as Broker of Record and Producer complies with applicable laws, insurance department regulations and the regulations of Trustmark.

	<u>1st Year</u>	<u>High/Low</u>	<u>2+ Years</u>	OR	<u>Level</u> <u>All Years</u>
Dental*	_____		_____		_____
STD/LTD	_____		_____		_____

COMMISSION SPLIT:

	<u>Percentage of Total Commission</u>		OR	<u>Percentage of Total Commission</u>
	<u>1st Year</u>	<u>2+ Years</u>		<u>All Years</u>
Dental*	_____	_____		_____
STD/LTD	_____	_____		_____

**Takeover groups: 10% commission will be paid on takeover lives. 20% commission will be paid on newly enrolled lives.*

ACCEPTED:

 Producer (print name)

 Producer Signature

License No. _____ State _____

TRUSTMARK INSURANCE CO.

BY _____

Date: _____