

Detailed Compensation Statement

Purpose

This detailed guide provides a description of each section of the new broker compensation statement and fields to assist in understanding compensation payments.

Medicare and Group/Individual business will have separate compensation statements and payment frequency.

Compensation Statements are double sided.

Outline

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Cover Page

The Cover Page of the statement will provide the overall summary of the compensation payments and Check/EFT information.

Step	ep Action				
1	The (The Cover page will include a Header Section.			
	Commission Statement Description			Payment Period: 02/01/2023 to 02/28/2023	
				Date: 03/06/2023	
	123 Box st		3	Payee Number: 8888784013	
	Circle	city CA 90019		•	
	#	Field Name	Field De	escription	
	1	Payment Period	The per	iod of time commission	n is calculated
	2	Date	The dat	e the statement was is	sued
	3	Payee Number	Agent/A	Agency National Produc	cer Number (NPN)
			Note: If	the Agent/Agency dec	as not have a National Braduser
					es not have a National Producer t/Agency encrypted tax ID will be
			populat		t/Agency encrypted tax ib will be
	4	Payee Address		Agency mailing address	
2	لـــــــــــــــــــــــــــــــــــــ				-
_	The Summary section of the cover page will include a summarization of Current Statement Totals and Year to Date Totals.			manzacion of current statement	
	- Otta	sana real to bate re	, tuisi		
	Su	mmary	Curren	t Statement Totals	Year to Date Totals
	Pri	or Balance		\$0.00	
	2 Base Payment Total3 Override Payment Total4 Association Payment Total			\$100.00	\$200.00
				\$30.00	\$60.00
				\$20.00	\$40.00
	5 Ov	ersight Payment Total		\$15.00	\$30.00
	6 Ot	her Payment Total		\$5.00	\$5.00
	7 Le	vy/Garnishment Total		\$0.00	
	8 IRS	Withholding Total		\$0.00	
	_	ate Withholding Total		\$0.00	
		id Amount		\$170.00	
	11 Cu	rrent Held Amount		\$0.00	
	#	Field Name		Field Description	
	1	Prior Balance		Contains the total ba	lance of compensation that was held
				and/or resulted in a r	negative balance from the prior
				payment period	
	2	Base Payment Total		Total Compensation	Payment for the Base Agents
	3	Override Payment 1	Total	Total Compensation	Payment for the Override Agency
	4	Association Paymer	nt Total		
					tion as part of an Association
				Agreement	

Action		
5	Oversight Payment Total	Total Compensation Payment to an Agency receiving additional compensation as part of an Oversight agreement
6	Other Payment Total	Total Compensation for all other types of payments
7	Levy/Garnishment Total	Amount of compensation that will be withheld because
<u> </u>		of a Levy and/or Garnishment
8	IRS Withholding Total	Amount of compensation withheld by the IRS
9	State Withholding Total	Amount of compensation withheld by the State
10	Paid Amount	Total Compensation Paid
12	Current Held Amount	The Held Balance in the Current payment period, any new held balance or existing held balance continuing
	6 7 8 9	6 Other Payment Total 7 Levy/Garnishment Total 8 IRS Withholding Total 9 State Withholding Total 10 Paid Amount

The ACH Details will be included on the Cover Page if the payment is distributed via an Electronic Fund Transfer (EFT).



#	Field Name	Field Description	
1	Recipient Name	Name of the Agent/Agency paid compensation	
2	Address	Address of the Agent/Agency paid compensation	
3	ABA#	Bank Account Routing Number	
4	ACC#	Agent/Agency Bank Account Number	
5	EFT#	Electronic Fund Transfer Transaction Number	
6	Date Deposited	The date the EFT is deposited	

4 The Check will be included on the Cover Page if the payment is distributed via a paper check.

DETACH CHECK AT PERFORATION BEFORE DEPOSITING



Announcements

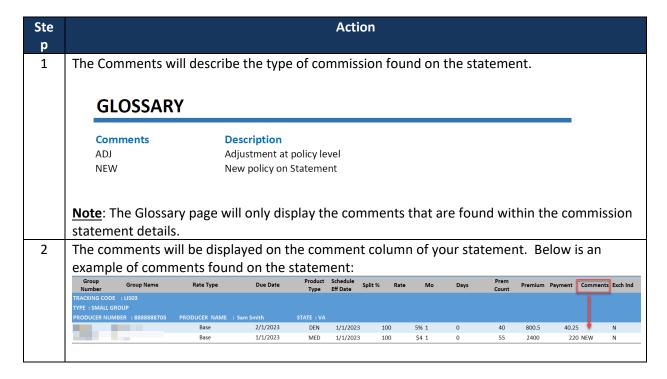
The Announcements section of the statement will provide pertinent information to the Agent. This section will only be available if there are announcements.

Action Step Announcements will be displayed on the second page of the statement if there is pertinent information that needs to be communicated to the Agent/Agency. The Announcements will change based on the information that needs to be communicated to the Agent/Agency. If there are no announcements this page will not be included in the statement. **ANNOUNCEMENTS** GENERAL ANNOUNCEMENTS • FUTURE PAYMENTS CAN BE DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT. IF INTERESTED, PLEASE LOG INTO THE PRODUCER TOOLBOX: https://www.elevancehealth.com/producer-toolbox CLICK ON THE BLUE AND WHITE ICON IN THE UPPER RIGHT HAND CORNER SELECT ACCOUNT DETAILS FROM THE DROP DOWN MENU AND CLICK ON EFT TAB. FOR QUESTIONS, PLEASE CONTACT SALES COMPENSATION LICENSING AND CREDENTIALING CUSTOMER SERVICE AT 877-304-6470, USE THE CONTACT ME FUNCTION IN THE PRODUCER TOOLBOX, OR CONTACT IT TECH SUPPORT PORTAL AT 888-268-4361. Note: General announcements will include Levy/Garnishment contact information if applicable.

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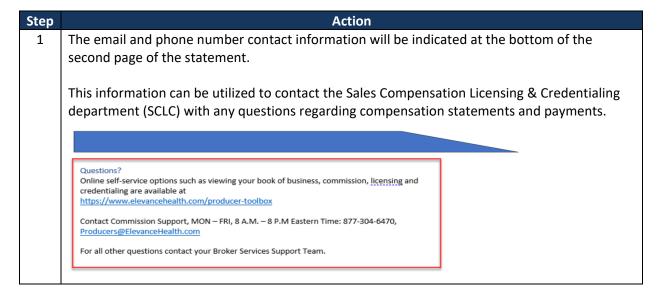
Glossary

The Glossary section of the statement will provide the list of comment codes and descriptions that are utilized in the comments column of the detailed statement.



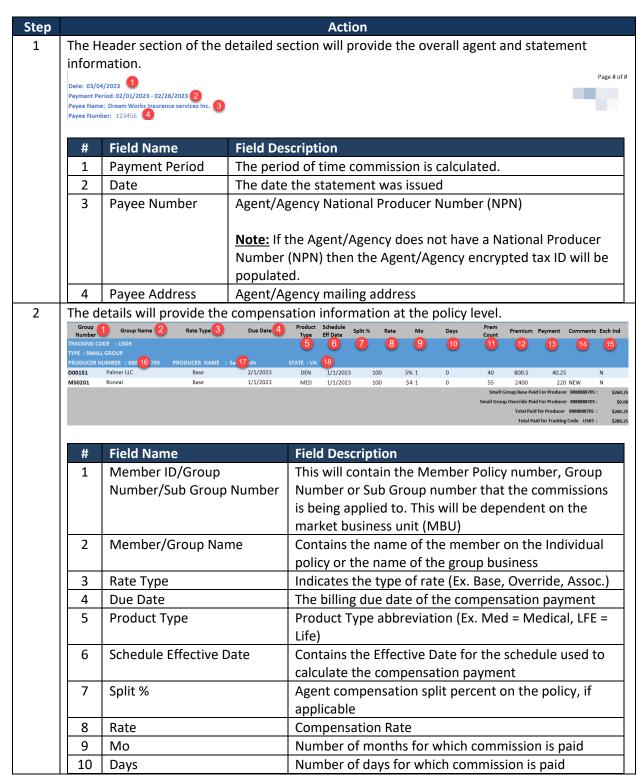
Contact Information

Questions regarding the compensation statement and/or payment can be directed to the contact information located on the bottom of the second page of the statement.



Detailed Statement

The Detailed Section of the statement will provide the compensation details by base, override, and other payments.



Step			Action
	11	Premium Count	Total premium received during the current month, if applicable
	12	Premium	Indicates the amount of premium amount reconciled for a given due date
	13	Payment	Total compensation payment on the policy or group
	14	Comments	The Comments will describe the type of commission found on the statement
	15	Exch Ind	Indicates if a policy is on an exchange
	16	Producer Number	The Writing Agent/Agency National Producer Number (NPN) or Encrypted Tin if an NPN is not available
	17	Producer Name	The name of the Writing Agent/Agency
	18	State	The state of the Writing Agent/Agency

The Summary by Base/Override will be displayed at the bottom of the detailed section.

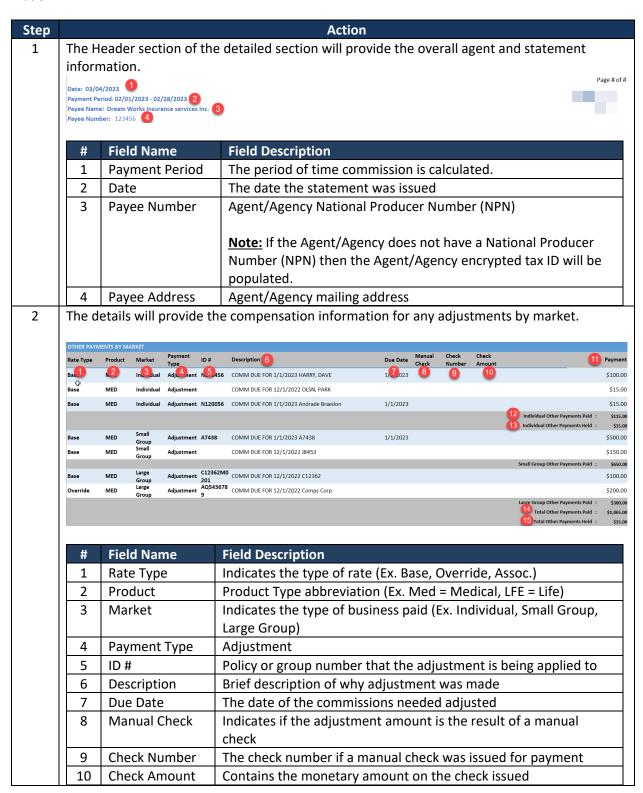
881: \$260.25	1 Small Group Base Paid For Producer 8888888881:
881: \$0.00	2 Small Group Override Paid For Producer 8888888881:
81 : \$15.00	3 Small Group Held for Producer 8888888881:
81 : \$361.31	4 Total Paid for Producer 8888888881:
81 : \$25.00	5 Total Held for Producer 8888888881:
01 : \$361.31	6 Total Paid for Tracking Code ABC01:
01 : \$25.00	Total Held for Tracking Code ABC01:

#	Field Name	Field Description
1	[MBU] Base Paid for Producer	Total Base compensation paid to the Agent/Agency for specific Market Type (Individual, Small Group, Large Group, Senior) Note: Screen print provided is an example of Small Group.
2	[MBU] Override Paid for Producer	Total Override paid to the Agent/Agency for specific Market Type (Individual, Small Group, Large Group, Senior) Note: Screen print provided is an example of Small Group
3	[MBU] Held for Producer	Total amount of compensation that has been held (not issued) for a specific market type (Individual, Small Group, Large Group) to the Agent/Agency Note: Screen print provided is an example of Small Group
4	Total Paid for Producer	The grand total compensation paid for the writing Agent/Agency referenced. This amount combines all Market Business Units (MBUs) and all products
5	Total Held for Producer	The grand total compensation that was held (not issued) for the writing Agent/Agency referenced. This amount combines all Market Business Units (MBUs) and all products

Step	Action		
	6	Total Paid for Tracking Code	The grand total compensation paid for the Tracking code referenced. This amount combines all Market Business Units (MBUs) and all products
	7	Total Held for Tracking Code	The grand total compensation held (not issued) for the Tracking code referenced. This amount combines all Market Business Units (MBUs) and all products

Adjustment Statement

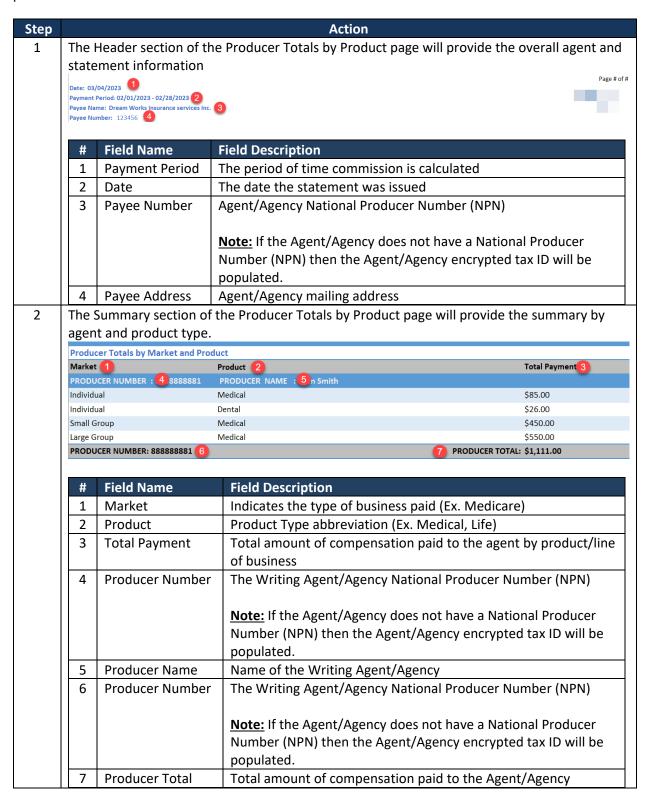
The Adjustment Section of the statement will provide the compensation details for any adjustments made.



Step	Action		
	11	Payment	The monetary amount of the adjustment
	12	[MBU] Other	Market Business Unit (MBU) specific (Ex. Individual, Small Group,
		Payments Paid	Large Group) adjustment payment total
			Note: The example referenced was for Individual
	13	[MBU] Other	Market Business Unit (MBU) specific (Ex. Individual, Small Group,
		Payments Held	Large Group) adjustment payment amount total that is being
			held.
			Note: The example referenced was for Individual
	14	Total Other	The grand total of adjustment payments that are being paid for
		Payments Paid	all Market Business Units (MBUs) combined
	15	Total Other	The grand total of adjustment payments that are being held (not
		Payments Held	issued) for all Market Business Units (MBUs) combined

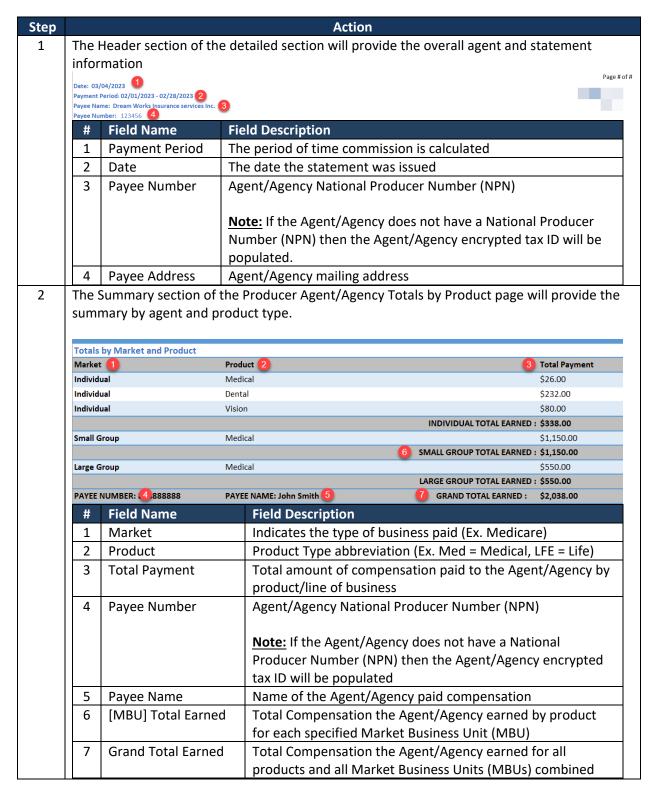
Producer Totals by Product

The Producer Totals by Product section will provide the summarized writing agent compensation by product.



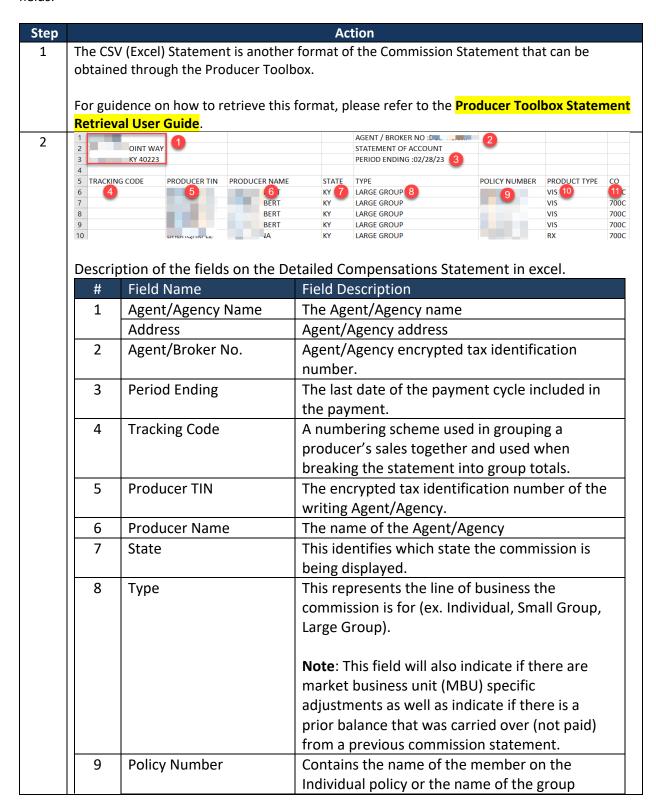
Producer Agency Totals by Product

The Detailed Section of the statement will provide the compensation details by base, override, and other payments.



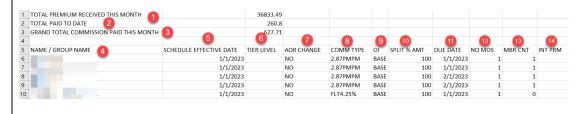
Detailed CSV (Excel) Statement

Below contains the Detailed Compensation Statement in Excel format followed by a description of the fields.



Step	Action		
			business.
	10	Product Type	Product Type abbreviation (Ex. Med = Medical,
			LFE = Life)
	11	СО	Company code

3 Description of the fields on the Detailed Compensations Statement in excel continued.



#	Field Name	Field Description		
1	Total Premium	Amount of the premium received		
	Received This Month	during the month of the statement		
2	Total Paid To Date	Total amount paid as of today		
3	Grand Total Commission Paid this Month	Total commission paid during the month of the statement		
4	Name/Group Name	 Depending on the market business unit (MBU): Individual business = Policy Name Small Group business = Group Name Large Group business = Group Name or Sub-Group Name 		
5	Schedule Eff Date	Contains the Effective Date for the schedule used to calculate the compensation payment		
6	Tier Level	Shows the tier level of the policy (applies only to Individual Business)		
7	AOR Change	Indicates if the policy/group had an Agent of Record (AOR) change		
8	Comm Type	Contains the commission schedule used to calculate the commission payment.		
9	OI	Override indicator will advise if the commission payment is for Base, Override, Association or Oversight		
10	Split % Amt	Agent compensation split percent on the policy, if applicable		
11	Due Date	The billing due date of the compensation payment		
12	No Mos	Number of months of which the commission is paid		
13	Mbr Cnt	Member count for the premiums reconciled		

Step		Action		
	14	Int Prm	The Premium amount when the policy started	
4	Descri	otion of the fields on the D	etailed Compensations Statement in excel continued.	
	1 2 3 4 1 5 ADV BAL 6 7 8 9 10	PREMIUM RECEIVED 10 40 10 20 10 40 10 40 11 2	MMISSION CURRENT COMMISSION COMMENTS TOTAL COMMISSION BY TYPE TOTAL COMMISSION BY PRODUCER 5.2 1.3 NEW 5.2 5.2 2.6 1.3 NEW 5.2 2.6 1.3 NEW 5.2 2.6 1.3 NEW 0.08 0.04 NEW 0.08 0.08	
	#	Field Name	Field Description	
	1	Adv Bal	Advanced commission amount	
	2	Premium Received	Indicates the amount of premium amount reconciled for a given due date	
	3	Stl-To-Dt Premium	Total premium to date for the current settlement/renewal period	
	4	Stl-To-Dt Commission	Total commission paid to date for the current settlement/renewal period	
	5	Current Commission	Amount of current commission payment on the policy or group	
	6	Comments	The comments will describe the type of commission found on the statement.	
	7	Total by Type	Total commission per line of business	
	8	Total commission by Producer	Total commission for the Agent/Agency	
5	Descrip	tion of the fields on the Deta	iled Compensations Statement in excel continued.	
	2 3 4 5 CASE NUMBER 6 7 8 9 10	CASE NAME RECON DAYS GROUP/POLICY ORIGINAL E	CFFECTIVE DATE GROUP/POLICY CANCELLATION DATE EXCHANGE INDICATOR ENROLL COUNT SETTLEMENT EFFECTIVE DATE AGENT LEVEL 1/1/2018 12/31/9999 0 1/1/2023 ELITE 1/1/2018 12/31/9999 0 1/1/2023 ELITE 1/1/2018 12/31/9999 0 1/1/2023 ELITE 1/1/2013 12/31/9999 0 1/1/2023	
	#	Field Name	Field Description	
	1	Case Number	Typically, only applies to Large Group business. The case number is often also referred as the group number	
	2	Case Name	The name of the Group.	
	3	Recon Days	The number of days the commissions are reconciled for.	
			Note : This only has a number included if the premiums received were only reconciled for a portion of the month.	

Step	Action		
	4	GROUP/POLICY ORIGINAL	Contains the original effective date of the group or
		EFFECTIVE DATE	policy.
	5	GROUP/POLICY	Contains the cancellation date of the group or
		CANCELLATION DATE	policy (if applicable).
	6	EXCHANGE INDICATOR	Indicates if a policy is on exchange.
	7	Enroll Count	Provides the total number of policies currently
			enrolled in the group.
	8	Settlement Effective Date	The effective date for the current settlement
			(renewal) period.
	9	Agent Level	The commission level the agent/agency is at.
			This helps in determining the commission rate
			that should be utilized in calculating commission
			payment amount.