



*Sentinel Security
Life Insurance
Company*

Schedule of Commissions

Medicare Supplement & Final Expense

For Purposes of this Compensation & Product Schedule, the term “you” or “your” shall have the same meaning as the term “Agent” in the Agreement.

This Compensation & Product Schedule (this “schedule”) is part of your agreement or contract with Company (“Agreement”)and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company’s Medicare Supplement/Select and/or Life products (the “Products”), as submitted by your Sentinel Agency Director. In no event does this Schedule apply to persons with License-Only Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

All Commissions

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submits Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

General Provisions

- 1. Product Included.** The provisions and conditions of the Schedule shall apply only to the Products specifically identified in the Schedule.
- 2. Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under the Schedule shall be void.
- 3. Administrative Rules.** The Company’s administrative rules, practices and procedures may be revised, modified or Selected by the Company from time to time.
- 4. Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.
- 5. Confidential Information.** Confidential Information, as defined in your Agreement, does not include information relating to Compensation payments payable, paid or provided to you pursuant to this Schedule.

Commission Rates for Medicare Supplement/Select Plans

Arizona[†], Iowa, Montana, Nebraska[†], Nevada, New Mexico, North Dakota, Utah[†], Wyoming								
Commission Rates New Business, Internal & External Replacement								
	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
Ages < 65	0.000%	0.000%	0.000%		0.000%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	
California								
Commission Rates New Business								
	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1	2-6	7-10	11+	1	2-6	7-10	11+
Ages < 65	17.000%	8.000%	0.000%	0.000%	12.250%	5.500%	0.000%	0.000%
Ages 65-79	17.000%	8.000%	0.000%	0.000%	12.250%	5.500%	0.000%	0.000%
Ages 80+	5.000%	1.000%	0.000%	0.000%	3.500%	0.500%	0.000%	0.000%
California								
Commission Rates Internal & External Replacement								
	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1	2-6	7-10	11+	1	2-6	7-10	11+
Ages < 65	7.500%	7.500%	0.000%	0.000%	7.500%	7.500%	0.000%	0.000%
Ages 65-79	7.500%	7.500%	0.000%	0.000%	7.500%	7.500%	0.000%	0.000%
Ages 80+	1.500%	1.500%	0.000%	0.000%	1.500%	1.500%	0.000%	0.000%

Colorado								
Commission Rates New Business, Internal & External Replacement								
Policy Years								
New Business / Open Enrollment					Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
All Ages	21.000%	0.000%	0.000%		21.000%	0.000%	0.000%	
Oregon								
Commission Rates New Business, Internal & External Replacement								
Policy Years								
New Business / Open Enrollment					Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
All Ages	21.000%	0.000%	0.000%		21.000%	0.000%	0.000%	
Texas								
Commission Rates New Business, Internal & External Replacement								
Policy Years								
New Business / Open Enrollment					Guarantee Issue			
	1-7	8-10	11+		1-7	8-10	11+	
Ages < 65 Plan A Only*	8.000%	0.000%	0.000%		3.500%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.500%	0.000%	0.000%	
Washington								
Commission Rates New Business, Internal & External Replacement								
All Policy Years								
All Years New Business / Open Enrollment					All Years Guarantee Issue			
Ages < 65	0.000%				0.000%			
Ages 65+	7.000%				7.000%			
Kansas								
Commission Rates New Business, Internal & External Replacement								
Policy Years								
New Business / Open Enrollment					Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
Ages < 65	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	

†Medicare Select Plans May Be Available

Louisiana†, South Dakota†

Commission Rates New Business, Internal & External Replacement

	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
Ages < 65	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	

Oklahoma†

Commission Rates New Business, Internal & External Replacement

	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
Ages < 65 Plan A* Only	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	

North Carolina

Commission Rates New Business, Internal & External Replacement

	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
Ages < 65 Plan A & Plan C* Only	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	

*All Other Plans are paid 0% commission for under Age 65

Hawaii, Idaho

Commission Rates New Business, Internal & External Replacement

	Policy Years							
	New Business / Open Enrollment				Guarantee Issue			
	1-6	7-10	11+		1-6	7-10	11+	
Ages < 65	0.000%	0.000%	0.000%		0.000%	0.000%	0.000%	
Ages 65-79	22.000%	0.000%	0.000%		10.000%	0.000%	0.000%	
Ages 80+	8.000%	0.000%	0.000%		3.250%	0.000%	0.000%	

Commission Rates for all Approved New VantageSM States

New VantageSM I				
	*Level Benefit Plan Policy Years			
Level	1	2-5	6-10	
Issue Ages 0 - 75	110.000%	9.000%	3.500%	
Issue Ages 76 - 80	100.000%	7.000%	1.750%	
Issue Ages 81 - 85	80.000%	5.000%	0.750%	
10 Pay	110.000%	9.000%	3.500%	
20 Pay	110.000%	9.000%	3.500%	
Paid-Up at 65	110.000%	9.000%	3.500%	
Paid-Up at 85	110.000%	9.000%	3.500%	
Single Premiums				
Issue Ages 20 - 69	6.500%	0.000%	0.000%	
Issue Ages 70 - 80	3.250%	0.000%	0.000%	

New VantageSM II				
	Graded Benefit Plan Policy Years			
Graded	1	2-5	6-10	
Issue Ages 45 - 75	110.000%	9.000%	2.500%	
Issue Ages 76 - 85	85.000%	6.000%	1.500%	

New VantageSM III				
	Modified Benefit Plan Policy Years			
Modified	1	2-5	6-10	
Issue Ages 45 - 75	70.000%	2.000%	1.500%	
Issue Ages 76 - 85	50.000%	1.000%	0.750%	

New VantageSM I*				
	*Level Benefit Plan Policy Years			
Combo Application*	1	2-5	6-10	
Issue Ages 0 - 75	110.000%	9.000%	3.500%	
Issue Ages 76 - 80	100.000%	7.000%	1.750%	
Issue Ages 81 - 85	80.000%	5.000%	0.750%	

*New VantageSM I Level Benefit is the only product offered on Combination Applications

Commission Rules

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. For Medicare Supplement and Medicare Select policies, the commission is calculated on the lesser of initial premium or paid premium. For Life Plans, the commission is based on the paid premium including the policy fees and is based on age at issue.
3. Medicare Part B deductible premium is not commissionable except for the State of Washington. Commission is not calculated on premium increases except for the State of Washington.
4. Policy/Application fees on Medicare Supplement and Medicare Select Plans are not commissionable. Policy/Application fees on Medicare Supplement and Medicare Select Plans are not applicable in the state of Arkansas.
5. Unearned commission within any policy year will be charged back on any premium refunded to the policy owner. On any policies for which commissions were advanced and for as long as you maintain an advance balance, you agree that if you, either directly or indirectly through a third party, cause or assist in causing, the lapse, rewriting, or replacement of any policy issued through the Company, you will pay damages to the Company equal to two times the annual premium of such policies written.
6. The commission for the Product is vested and may be credited to you after the termination date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
7. Internal Replacements Medicare Supplement/Medicare Select. Commission will be calculated at 100% of the applicable commission rate when a new Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy replaces an existing Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy, and the producer of record does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
8. For Life Insurance, your commission may be reduced from replacements or conversions.
9. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
10. The Company may, from time to time, issue compensation/product schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether the Product is eligible for bonuses.
11. Guarantee Issue Medicare Supplement and Medicare Select policies. The Company will not pay advances on Guarantee Issue situations in all states.

This schedule is in addition to any other schedules currently in force or that may come into force in the future, but supersedes any prior Schedule related to commission on the Products. This Schedule shall remain in effect until changed or terminated by Company.

Agent's Signature:

X _____

Date:

X _____

Sentinel Security Life Insurance Company:

X _____

Date:

X _____