



## UnitedHealthcare Assignment of Commission Medicare Products

This Agreement is entered into by and between UnitedHealthcare Insurance Company, on behalf of itself and its affiliates (collectively, the "Company") and the undersigned, herein called the Assignor. The **Assignor** hereby assigns to the **Assignee** all of the Assignor's right, title, interest, claim or demand in and to any and all compensation now due and payable, or which may become due and payable, under existing contracts and agreements with Company for the sale of Medicare Products.

Assignor and Assignee **agree to the following terms:**

- Assignee, an individual or entity, must be contracted with the Company for the sale of Medicare Products
- Assignor's commissions for the writing id(s) specified below will be paid to the Assignee until Assignor terminates this assignment by written notice to the Company
- Assignor has the right to terminate this assignment at any time with written notice to the Company
- Assignee has no right to terminate this assignment
- Assignee is responsible for chargeback debt accrued by the Assignor from the execution of this assignment until termination, including appointment fee collection
- Assignor's submission of this assignment of commission cancels any existing assignment of commission, if applicable
- Assignee will receive the 1099 for payments received under this assignment of commission
- After commissions are assigned to Assignee, Assignor retains the obligation to pay any solicitors in its downline
- Assignor and Assignee shall at all times defend, indemnify and hold harmless the Company and its officers, agents, and employees from and against any and all suits, actions, losses, damages, claims, expenses (including but not limited to the Company's legal expenses) and liability of any character, type or description arising out of the execution or performance of this assignment.

By signing below, the Assignor and Assignee agree to the terms of this assignment of commission.

**From**

Assignor Name _____ (Agent/Agency name - please print clearly)	Assignor Writing ID(s) _____ (Medicare Writing ID required)
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Assignor Signature _____	Date _____
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**To**

Assignee Name _____ (Agent/Agency name - please print clearly)	Assignee Writing ID _____ (Medicare Writing ID required)
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Assignee Signature _____	Date _____
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