

Premier Financial Benefits,LLC
Timothy Scaturro
165 S Wadsworth Blvd, Ste 200
Lakewood CO 80226

DISCLOSURE STATEMENT for INDIVIDUAL HEALTH PLANS 2011

Effective January 1st 2011 all Health Producers who solicit or negotiate Health Care Insurance are required to disclose their standard compensation amounts agreed with each Health Insurance Carrier in Colorado.

This form requires your signature (s) to confirm that you are aware that Timothy Scaturro of Premier Financial Benefits will receive a commission based upon your monthly premiums. Please be advised that the premiums you are quoted include the commissions listed below and that these charges are not in addition to the premium quoted.

The commission is dependent upon which Insurance Carrier you select, as seen below:

Aetna	Bronze 1-11 enrolled 4% first year, 4% month 13-24, 3% month 25+ Silver 12-24 enrolled 6% first year, 4% month 13-24, 3% month 25+ Gold 25-49 enrolled 8% first year, 4% month 13-24, 3% month 25+ Platinum 50+ enrolled 10% first year, 4% month 13-24, 3% month 25+
Anthem	Tier 1 1-9 annual member sales 9% first year & 4% renewal Tier 2 10-24 annual member sales 10% first year & 5% renewal Tier 3 25-99 annual member sales 12% first year & 5% renewal Tier 4 100+ annual member sales 14% first year & 6% renewal
Assurant Major Medical	Level 1 < \$100,000 12% first year & 4% renewal
Assurant Short Term	Level 1 0-6 policies 15% Level 2 7-39 policies 20% Level 3 40+ policies 25%
Kaiser Permanente	\$13.50 per enrolled member
HumanaOne	10% first year & 5% year 2-4 & 3% year 5+
RMHP	20% first year & 5% renewal
UnitedHealthcare	<=60 issue age 1-49 policies first year 10% & 4% year 2-4 & 2% year 5+ 50-99 policies first year 12% & 4% year 2-4 & 2% year 5+ 100+ policies first year 14% & 4% year 2-4 & 2% year 5+ >60 issue age 1-49 policies first year 5% & 4% year 2-4 & 2% year 5+ 50-99 policies first year 6% & 4% year 2-4 & 2% year 5+ 100+ policies first year 7% & 4% year 2-4 & 2% year 5+

Notes:

- 1) Commissions are higher in the first year.
- 2) Percentages (%) above are of premium paid.

I /We, _____

confirm that the information contained in this form is fully understood, and that Timothy Scaturro of Premier Financial Benefits, will be paid a commission as a result of my purchasing health insurance from one of the carriers above at no additional cost to me.

Signature of applicant(s) _____

Date: _____