



**SINGLE CASE COMMISSION AMENDMENT**

**SECTION 1: POLICY INFORMATION**

EFFECTIVE DATE OF THIS AMENDMENT

0 1 / 0 1 / 2 0 1 7

POLICY NUMBER

9 5 1 0 9 6

ADDITIONAL POLICY NUMBER (IF REQUIRED)

9 3 1 2 6 0

POLICYHOLDER NAME

F o r t B e n d C o u n t y

UNUM FIELD OFFICE

H O U S T O N

UNUM SALES REP NAME AND NUMBER

A A R O N S H I S L E R - 5 2 6 5 7 3

BENEFIT ADMINISTRATION PROVIDER INVOLVED  YES  NO

REENROLLMENT  YES  NO

**SECTION 2: COMMISSIONABLE ENTITY - NON-STANDARD SCHEDULE(S)**

Record the agreed to commission rates and product descriptions for each commissionable entity receiving non-standard compensation schedules. If an existing non-standard schedule is changing to a standard rate, note "standard" in the applicable box.

**BROKER/ENTITY #1 WITH NON-STANDARD COMMISSION SCHEDULE**

BROKER/ENTITY #1 NAME	BROKER/ENTITY NUMBER	PREMIUM SPLIT % <sup>(1)</sup>	PRODUCT <sup>(2)</sup> Life		PRODUCT <sup>(2)</sup> ad&d		PRODUCT <sup>(2)</sup> Vol Life		PRODUCT <sup>(2)</sup> Vol ad&d		APPLY SUPP. COMP <sup>(3)</sup>
			YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	
Gallagher Benefits	525938	100	PERPETUAL	10	PERPETUAL	10	PERPETUAL	10	PERPETUAL	10	<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO
			OR		OR		OR		OR		
			YR 1		YR 1		YR 1		YR 1		
			YR 2-3		YR 2-3		YR 2-3		YR 2-3		
			YR 4-5		YR 4-5		YR 4-5		YR 4-5		
			YR 6-10		YR 6-10		YR 6-10		YR 6-10		
				YR 11+		YR 11+		YR 11+			

**BROKER/ENTITY #2 WITH NON-STANDARD COMMISSION SCHEDULE (IF APPLICABLE)**

BROKER/ENTITY #2 NAME	BROKER/ENTITY NUMBER	PREMIUM SPLIT % <sup>(1)</sup>	PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		APPLY SUPP. COMP <sup>(3)</sup>
			YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	
			PERPETUAL		PERPETUAL		PERPETUAL		PERPETUAL		<input type="checkbox"/> YES  <input type="checkbox"/> NO
		OR		OR		OR		OR			
			YR 1		YR 1		YR 1		YR 1		
			YR 2-3		YR 2-3		YR 2-3		YR 2-3		
			YR 4-5		YR 4-5		YR 4-5		YR 4-5		
			YR 6-10		YR 6-10		YR 6-10		YR 6-10		
					YR 11+		YR 11+		YR 11+		

- (1) "Split" is defined as the percentage of premium to which the broker's full commission rate is applied.
- (2) See your Unum Sales Representative for compensation information on ISTD policies involving the state of NH.
- (3) Supplemental Compensation Credit may be split between brokers; however, the total Supplemental Comp. Credit available caps at 100% of the policy premium.

**SECTION 3: COMMISSIONABLE ENTITY - SIGNATURE(S)**

BROKER/ENTITY #1 SIGNATURE

Dan Bowen  
BROKER/ENTITY #1 PRINTED NAME

11/07/16  
DATE (MM/DD/YYYY)

BROKER/ENTITY #2 SIGNATURE (IF APPLICABLE)

N/A  
BROKER/ENTITY #2 PRINTED NAME

DATE (MM/DD/YYYY)

By signing above, Broker understands that, in lieu of payment in accordance with Unum's standard commission schedules and/or commissions otherwise agreed upon by the parties, Unum agrees to pay each Broker noted above and each such Broker agrees to accept commissions from Unum in accordance with the commissions schedule above with regards to the above named policy. Furthermore, the parties understand and agree that except as otherwise set forth in this Amendment, the terms and provisions of the Broker Contract(s) between each Broker and Unum are herein incorporated by reference and shall remain applicable to each Broker and to any compensation payable hereunder.

Unum is providing this notice on behalf of the following insuring companies: Unum Life Insurance Company of America, First Unum Life Insurance Company (NY), Provident Life and Accident Insurance Company and Provident Life and Casualty Insurance Company (NY).

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



# SINGLE CASE COMMISSION AMENDMENT

## SECTION 4: BENEFIT ADMINISTRATION PROVIDER - RATE DETAILS (IF APPLICABLE)

For Benefit Administration Providers Only: The Benefit Administration Provider Fee Schedule below may be terminated, at the sole discretion of Unum, upon the occurrence of any of the following:

1. Benefit Administration Provider fails to retain payroll deduction slot for Unum;
2. Unum loses the right to continue to enroll the case.

Unum agrees to pay the Benefit Administration Provider noted below and the Benefit Administration Provider agrees to accept the Commissions determined from the Commissions schedule below for the above named policy only.

Record the agreed to Commissions rates for all products to be paid to the Benefit Administration Provider.

BENEFIT ADMINISTRATION PROVIDER NAME	BENEFIT ADMINISTRATION PROVIDER NUMBER	RATE FOR ALL PRODUCTS	YEARS RATE EFFECTIVE (CHECK YEARS FOR WHICH RATE WILL PAY)	
			PERPETUAL	<input type="checkbox"/>
N/A			OR	
			YEAR 1	<input type="checkbox"/>
			YEAR 2	<input type="checkbox"/>
			YEAR 3	<input type="checkbox"/>
			YEAR 4	<input type="checkbox"/>
			YEAR 5	<input type="checkbox"/>
			YEAR 6	<input type="checkbox"/>

Important Note: Benefit Administration payments are not vested for the above named policy. In addition, the Benefit Administration Provider is not eligible to receive Supplemental Commissions credit or payment for the premium associated with this sale.

## SECTION 5: BENEFIT ADMINISTRATION PROVIDER SIGNATURE (IF APPLICABLE)

N/A

\_\_\_\_\_  
BENEFIT ADMINISTRATION PROVIDER  
SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
BENEFIT ADMINISTRATION PROVIDER  
PRINTED NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

By signing above, Benefit Administration Provider understands that, in lieu of payment in accordance with Unum's standard commission schedules and/or commissions otherwise agreed upon by the parties, Unum agrees to pay the Benefit Administration Provider noted above and such Benefit Administration Provider agrees to accept commissions from Unum in accordance with the commissions schedule above with regards to the above named policy. Furthermore, the parties understand and agree that except as otherwise set forth in this Amendment, the terms and provisions of the Broker Contract(s) between each Broker/Benefit Administration Provider and Unum are herein incorporated by reference and shall remain applicable to each Broker/Benefit Administration Provider and to any compensation payable hereunder.

## SECTION 6: POLICYHOLDER SIGNATURE

I/WE, THE POLICYHOLDER, ACKNOWLEDGE THE PAYMENT OF THE COMMISSIONS RATES ABOVE TO THE BROKER AND/OR BENEFIT ADMINISTRATION PROVIDER FOR THE COVERAGES NOTED.

  
\_\_\_\_\_  
POLICYHOLDER REPRESENTATIVE\* SIGNATURE

Robert E. Hebert, County Judge  
\_\_\_\_\_  
POLICYHOLDER REPRESENTATIVE PRINTED NAME

Approved by  
Commissioners Court on  
September 27, 2016

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\*OFFICER OF THE COMPANY OR APPROPRIATE DECISION-MAKER WITH AUTHORITY TO BIND THE COMPANY.

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EFFECTIVE DATE OF THIS AMENDMENT

0 1 / 0 1 / 2 0 1 7

POLICY NUMBER

0 2 2 1 3 6

ADDITIONAL POLICY NUMBER (IF REQUIRED)

POLICYHOLDER NAME

F o r t B e n d C o u n t y

UNUM FIELD OFFICE

H O U S T O N

UNUM SALES REP NAME AND NUMBER

A A R O N S H I S L E R - 5 2 6 5 7 3

BENEFIT ADMINISTRATION PROVIDER INVOLVED  YES  NO

REENROLLMENT  YES  NO

## SECTION 2: COMMISSIONABLE ENTITY - NON-STANDARD SCHEDULE(S)

Record the agreed to commission rates and product descriptions for each commissionable entity receiving non-standard compensation schedules. If an existing non-standard schedule is changing to a standard rate, note "standard" in the applicable box.

### BROKER/ENTITY #1 WITH NON-STANDARD COMMISSION SCHEDULE

BROKER/ENTITY #1 NAME	BROKER/ENTITY NUMBER	PREMIUM SPLIT % <sup>(1)</sup>	PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		APPLY SUPP. COMP <sup>(3)</sup>
			YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	
Gallagher Benefits	525938	100	LTC								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			PERPETUAL	10	PERPETUAL		PERPETUAL		PERPETUAL		
			OR		OR		OR		OR		
			YR 1		YR 1		YR 1		YR 1		
			YR 2-3		YR 2-3		YR 2-3		YR 2-3		
			YR 4-5		YR 4-5		YR 4-5		YR 4-5		
			YR 6-10		YR 6-10		YR 6-10		YR 6-10		
YR 11+		YR 11+		YR 11+		YR 11+					

### BROKER/ENTITY #2 WITH NON-STANDARD COMMISSION SCHEDULE (IF APPLICABLE)

BROKER/ENTITY #2 NAME	BROKER/ENTITY NUMBER	PREMIUM SPLIT % <sup>(1)</sup>	PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		PRODUCT <sup>(2)</sup>		APPLY SUPP. COMP <sup>(3)</sup>
			YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	YEAR	RATE %	
			PERPETUAL		PERPETUAL		PERPETUAL		PERPETUAL		<input type="checkbox"/> YES <input type="checkbox"/> NO
OR		OR		OR		OR					
YR 1		YR 1		YR 1		YR 1					
YR 2-3		YR 2-3		YR 2-3		YR 2-3					
YR 4-5		YR 4-5		YR 4-5		YR 4-5					
YR 6-10		YR 6-10		YR 6-10		YR 6-10					
YR 11+		YR 11+		YR 11+		YR 11+					

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BROKER/ENTITY #1 SIGNATURE

Dan Bowen  
BROKER/ENTITY #1 PRINTED NAME

11/07/16  
DATE (MM/DD/YYYY)

BROKER/ENTITY #2 SIGNATURE (IF APPLICABLE)

N/A  
BROKER/ENTITY #2 PRINTED NAME

DATE (MM/DD/YYYY)

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BENEFIT ADMINISTRATION PROVIDER NAME	BENEFIT ADMINISTRATION PROVIDER NUMBER	RATE FOR ALL PRODUCTS	YEARS RATE EFFECTIVE (CHECK YEARS FOR WHICH RATE WILL PAY)	
			PERPETUAL	<input type="checkbox"/>
N/A			OR	
			YEAR 1	<input type="checkbox"/>
			YEAR 2	<input type="checkbox"/>
			YEAR 3	<input type="checkbox"/>
			YEAR 4	<input type="checkbox"/>
			YEAR 5	<input type="checkbox"/>
			YEAR 6	<input type="checkbox"/>

Important Note: Benefit Administration payments are not vested for the above named policy. In addition, the Benefit Administration Provider is not eligible to receive Supplemental Commissions credit or payment for the premium associated with this sale.

## SECTION 5: BENEFIT ADMINISTRATION PROVIDER SIGNATURE (IF APPLICABLE)

N/A

\_\_\_\_\_  
BENEFIT ADMINISTRATION PROVIDER  
SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
BENEFIT ADMINISTRATION PROVIDER  
PRINTED NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

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I/WE, THE POLICYHOLDER, ACKNOWLEDGE THE PAYMENT OF THE COMMISSIONS RATES ABOVE TO THE BROKER AND/OR BENEFIT ADMINISTRATION PROVIDER FOR THE COVERAGES NOTED.

Robert E. Hebert, County Judge

Approved by  
Commissioners Court  
September 27, 2016

\_\_\_\_\_  
POLICYHOLDER REPRESENTATIVE\* SIGNATURE

\_\_\_\_\_  
POLICYHOLDER REPRESENTATIVE PRINTED NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\*OFFICER OF THE COMPANY OR APPROPRIATE DECISION-MAKER WITH AUTHORITY TO BIND THE COMPANY.

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# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2016-86040

Date Filed:  
07/18/2016

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Deer Oaks EAP Services, LLC  
San Antonio, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Fort Bend County

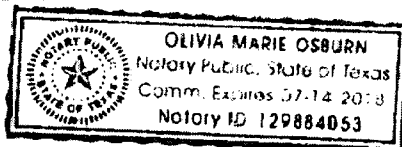
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2006-0133  
Employee Assistance and Work/Life services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Boskind, Ph.D, Paul	San Antonio, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Paul Boskind, Ph.D  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Boskind, Ph.D, Paul, this the 22nd day of July, 2016, to certify which, witness my hand and seal of office.

Osburn, Olivia Olivia Osburn Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Deer Oaks EAP Services, LLC  
 San Antonio, TX United States

**Certificate Number:**  
 2016-86040

**Date Filed:**  
 07/18/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Fort Bend County

**Date Acknowledged:**  
 09/27/2016

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
 2006-0133  
 Employee Assistance and Work/Life services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Boskind, Ph.D, Paul	San Antonio, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

### OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2016-95827

Date Filed:  
08/08/2016

Date Acknowledged:

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5 and 6 if there are no interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
Unum Life Insurance Company of America  
Portland, ME United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

931260/951096\*, 22814/22136\*\*  
\*Group Life & Accidental Death & Dismemberment Insurance, \*\*Group Long Term Disability Insurance, \*\*Group Long Term Care Insurance

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
**Gallagher Braniff Inc.	Houston, TX United States		X
*Gallagher Benefit Services, Inc.	Houston, TX United States		X

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct

*Karan A Bailey*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karan Bailey, this the 8<sup>th</sup> day of August, 2016, to certify which, witness my hand and seal of office.

*Jennifer Lynn Rand*  
Signature of officer administering oath

JENNIFER LYNN RAND  
NOTARY PUBLIC  
STATE OF MAINE  
MY COMM. EXP. OCTOBER 18, 2018

Notary  
Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Unum Life Insurance Company of America  
Portland, ME United States

**Certificate Number:**  
2016-95827

**Date Filed:**  
08/08/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Fort Bend County

**Date Acknowledged:**  
09/28/2016

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

931260/951096\*, 22814/22136\*\*

\*Group Life & Accidental Death & Dismemberment Insurance, \*\*Group Long Term Disability Insurance, \*\*Group Long Term Care Insurance

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
**Gallagher Braniff Inc.	Houston, TX United States		X
*Gallagher Benefit Services, Inc.	Houston, TX United States		X

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath