

Administrative Service Fee Disclosure Form

This form is to be completed by an insurance producer if administrative service fees are proposed to be charged an employer for administrative services performed by the producer that are not otherwise compensated by commissions or other compensation paid by an insurer, nonprofit health service plan or health maintenance organization (hereinafter, "authorized insurer"). The completed form and supporting documentation for the administrative services to be provided shall be retained by the insurance producer in paper, electronic or other retrievable format for a period of 5 years.

Employer Name: _____.

Name of authorized insurer: _____.

1. Did you sell a health benefit plan to the employer listed above? **Yes** **No**

If "**Yes**", what amount of commission or other compensation has been or will be paid to you by an authorized insurer related to the health benefit plan? \$_____.

2. If no commission or other compensation is payable to you by an authorized insurer related to the health benefit plan, will you charge a fee for services rendered in replacing health insurance?
 Yes **No**

If "**Yes**", what was the amount of the fee: \$_____ and the total amount of the premium for the employer's health benefit plan: \$_____.

3. An administrative service is a service, other than a service related to the sale, solicitation, negotiation, or servicing of a health benefit plan, that an insurance producer provides to assist an employer in the three categories of activities listed below. List under each applicable category each administrative service to be provided to the employer and the fee associated with each of the administrative services. Attach additional pages to this form if necessary. No other administrative services may be provided.

a. Assisting an employer with complying with a statutory or regulatory requirement:

\$ _____ Service _____

\$ _____ Service _____

\$ _____ Service _____

b. Providing an employee benefit on behalf of an employer:

\$ _____ Service _____

\$ _____ Service _____

\$ _____ Service _____

c. Performing functions related to the management of employees of the employer:

\$ _____ Service _____

\$ _____ Service _____

\$ _____ Service _____

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The undersigned understands that an insurance producer *may not* charge administrative service fees for services compensated by commissions or other compensation paid to the insurance producer by an insurer, nonprofit health service plan, or health maintenance organization relating to a health benefit plan of an employer or performed by an insurance producer acting as an administrator under Title 8, Subtitle 3 of the Insurance Article or an advisor under Title 10, Subtitle 2 of the Insurance Article.

Signature: Insurance Producer and MD License #

Signature: Authorized Representative of Employer

Printed Name: Insurance Producer

Printed Name: Authorized Representative of Employer

Date Signed:

Date Signed: