

Policy Number: _____ Policyholder: _____

ALTERNATE COMMISSION SCHEDULE

Annual Revenue	Group Health and Dental	Group Life and Disability Income
On the first \$10,000		
On the next \$15,000		
On the next \$25,000		
On the next \$50,000		
On the next \$150,000		
On the next \$250,000		

All other terms and conditions are as stated in the Commission Agreement.

Broker Name (please print)

Signature

Date (YYYY/MM/DD)

Signed by Saskatchewan Blue Cross and/or Blue Cross Life.

First Representative Name (please print)

First Representative Title

First Representative Signature

Date (YYYY/MM/DD)

Second Representative Name (please print)

Second Representative Title

Second Representative Signature

Date (YYYY/MM/DD)