

Compensation Assignment Form

Note: Both Assignor and Assignee must be licensed and appointed by UnitedHealthcare for the assignment to be effective.

I. Assignor Information:

Name:	Street:
SSN or TIN:	City:
UHC Producer ID or Payee Code (if known):	State:
Tel:	Zip:

II. Assignee Information:

Name:	Street:
SSN or TIN:	City:
UHC Producer ID or Payee Code (if known):	State:
Tel:	Zip:

III. Scope of the Assignment (please mark one):

- Primary Assignment for all business placed with UnitedHealthcare** (all Writing Agent Compensation Relationships to previous Assignee will be terminated and new relationships to new Assignee established)
- Specific Groups (please list group # and group name):

Group #	Group Name
<input type="checkbox"/> If more than 3 groups, please mark here and attach a separate list.	

IV. Timeframe of the Assignment:

- New Assignment Effective Immediately (current date will be used)**
- The assignment is effective on ____/____/____ (If the assignment should be effective before or after the current date, please specify the date.) **No retro change of assignment is permitted if commissions were already paid to a previous Assignee.**

I, the Assignor, hereby sell, assign and transfer to the Assignee named above, its legal representative or assigns, the commissions, other compensation, and payments now due or which become due on business specified above after the date this Assignment is recorded by UnitedHealthcare. I authorize the Assignee, its legal representative(s) and assign(s) to collect all such commissions and other compensation and payments. These commissions and other compensation and payments are for the Assignee's full use and benefit. I ratify and confirm all that the Assignee, its legal representative(s) and assign(s) lawfully do or cause to be done by virtue of this Assignment.

This Assignment is subject to all the terms and provisions of any contracts that may be in force between Assignor, Assignee, and UnitedHealthcare, including but not limited to retention of first lien, security interest and offset rights against the assigned commissions and other compensation and payments to secure payment of any indebtedness which I or the Assignee may now or in the future owe to UnitedHealthcare. I agree to indemnify and hold UnitedHealthcare harmless from any amounts which UnitedHealthcare pays under this Assignment.

I hereby certify that this Assignment is the result of an arm's length agreement between the Assignee and myself and that the Assignee has paid me good and valuable consideration for this Assignment. I understand that UnitedHealthcare is not responsible for the validity, sufficiency, or tax consequences of this Assignment. I understand that I am solely responsible for notification and any contractual obligations that I may have with a previous Assignee when I request to change the assignment.

(Signature of Assignor)

(Date)

(Title: Owner, President, Officer, etc.)

