

# OLYMPIA LHSO, INC.

## Writing Producer Appointment and Compensation Worksheet

(A Writing Producer Appointment Application must be attached to process this Form)

Producer Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Appoint this Producer in the following state(s): Illinois

Enclose a legible copy of the applicant's individual state insurance license(s).

**PRODUCER COMPENSATION OPTIONS** – An agent must select only one payment option for ALL product lines.

**OPTION 1: General Agent Pays Writing Producer** – Writing Agent Account – No Company Contract

**OPTION 2: Olympia Pays Writing Producer** – Must have a Producer Contract (Form 11104)

### **PRODUCT AUTHORIZATION**

Olympia authorizes the producer to sell the following products with the assigned commission schedules.

**INDIVIDUAL DENTAL (EPO or Discount Plans)** Commission Schedule: \_\_\_\_\_%

**GROUP DENTAL (EPO or Discount Plans)** Commission Schedule: \_\_\_\_\_%

**GROUP DENTAL (PPO Plans)** Commission Schedule: \_\_\_\_\_%

**VISION (EPO Plans)** Commission Schedule: \_\_\_\_\_%

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Agent's Signature (If Applicable)

\_\_\_\_\_  
Date

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### ***Olympia LHSO, Inc. Use Only***

Appointment Issue Date: \_\_\_\_\_

Producer Agent Number: \_\_\_\_\_

Olympia LHSO, Inc. Signature: \_\_\_\_\_