



Supplement to Agreement Of Agency or Brokerage Agreement Schedules of Group Level Scale Commissions

Document Updated: September 2016

This supplement contains the standard Schedules of Group Level Scale commissions effective September 2016.

This supersedes the commissions illustrated in all former supplements or in any other form.

When permissible, the Company and the Producer may mutually agree upon a commission rate for a group policy that differs from the standard commission rate contained in the Supplement.

The use of alternative commission scales/schedules may impact the premium rates and/or fees charged to customers.

Commission scales reflect applicable regulatory requirements and may be subject to regulatory approval.

This Supplement is subject to change or termination at any time by the Company.

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Accident

Accident

The available Accident commission schedules vary by state.

- Minnesota – Up to 12%
- New York – Flat 10%
- Washington – Flat 20%

Accident – Contributory / Non-Contributory

- All other approved states, please refer to the following:

Annual Premium	Accident
On the first \$15,000	15.0%
On the next \$5,000	12.5%
On the next \$5,000	10.0%
On the next \$25,000	5.0%
Excess over \$50,000	0.5%

Or Flat Percentage

When permissible and mutually agreed upon,
in advance, by the Company and Producer.

Accident (continued)

Accident – Voluntary

- All other approved states, please refer to the following:
- Flat 20% or equivalent
- Alternative Flat percentages - when permissible and mutually agreed upon, in advance, by the Company and Producer.
- Heaped Commission Scales (available for states that do not have a Minimum Loss Ratio requirement)

	Year 1	Years 2-5	Years 6-10	Years 11+	Flat Commission Equivalent
Option 1	75%	10%	5%	5%	23%
Option 2	65%	10%	5%	2.5%	21%
Option 3	60%	10%	10%	10%	20%
Option 4	40%	15%	15%	15%	20%
Option 5	20%	13%	13%	13%	15%
Option 6	40%	10%	10%	10%	15%
Option 7	25%	5%	5%	5%	10%
Option 8	55%	15%	15%	15%	23%
Option 9	45%	20%	20%	20%	25%
Option 10	65%	15%	15%	15%	25%
Option 11	65%	10%	10%	10%	21%
Option 12	70%	10%	10%	10%	22%

Cancer

Cancer

The available Cancer commission schedules vary state.

- Maryland – Up to 8.5%
- North Dakota – Up to 20% or a heaped equivalent
- Ohio – Up to 20% or a heaped equivalent
- Washington – Flat 8.5%

Cancer – Contributory / Non-Contributory

- All other approved states, please refer to the following:

Annual Premium	Cancer
On the first \$15,000	15.0%
On the next \$5,000	12.5%
On the next \$5,000	10.0%
On the next \$25,000	5.0%
Excess over \$50,000	0.5%

Or Flat Percentage

When permissible and mutually agreed upon, in advance, by the Company and Producer.

Cancer (continued)

Cancer – Voluntary

- All other approved states, please refer to the following:
- Flat 20% or equivalent
- Alternative Flat percentages - when permissible and mutually agreed upon, in advance, by the Company and Producer.
- Heaped Commission Scales (available for states that do not have a Minimum Loss Ratio requirement)

	Year 1	Years 2-5	Years 6-10	Years 11+	Flat Commission Equivalent
Option 1	75%	10%	5%	5%	23%
Option 2	65%	10%	5%	2.5%	21%
Option 3	60%	10%	10%	10%	20%
Option 4	40%	15%	15%	15%	20%
Option 5	20%	13%	13%	13%	15%
Option 6	40%	10%	10%	10%	15%
Option 7	25%	5%	5%	5%	10%
Option 8	55%	15%	15%	15%	23%
Option 9	45%	20%	20%	20%	25%
Option 10	65%	15%	15%	15%	25%
Option 11	65%	10%	10%	10%	21%
Option 12	70%	10%	10%	10%	22%

Critical Illness

Critical Illness

The available Critical Illness commission schedules vary by state.

- Colorado – Up to 15% or a heaped equivalent
- Connecticut – Up to 10% or a heaped equivalent
- Indiana – Up to 20% or a heaped equivalent
- Maryland – Up to 10% or a heaped equivalent
- Minnesota – Up to 10% or a heaped equivalent
- North Dakota – Up to 15% or a heaped equivalent
- New Jersey – Up to 10% or a heaped equivalent
- New York – Flat 10% or net
- Ohio – Up to 20% or a heaped equivalent
- Washington – flat 10% or heaped equivalent

Critical Illness – Contributory / Non-Contributory

- All other approved states, please refer the following:

Annual Premium	Critical Illness (not available for Voluntary)
On the first \$15,000	15.0%
On the next \$5,000	12.5%
On the next \$5,000	10.0%
On the next \$25,000	5.0%
Excess over \$50,000	0.5%

Or

- 20% in Year 1
- 13% in Year 2+

Critical Illness (continued)

Critical Illness – Voluntary

- All other approved states, please refer to the following:
- Flat 20% or equivalent
- Alternative Flat percentages - when permissible and mutually agreed upon, in advance, by the Company and Producer.
- Heaped Commission Scales (available for states that do not have a Minimum Loss Ratio requirement)

	Year 1	Years 2-5	Years 6-10	Years 11+	Flat Commission Equivalent
Option 1	75%	10%	5%	5%	23%
Option 2	65%	10%	5%	2.5%	21%
Option 3	60%	10%	10%	10%	20%
Option 4	40%	15%	15%	15%	20%
Option 5	20%	13%	13%	13%	15%
Option 6	40%	10%	10%	10%	15%
Option 7	25%	5%	5%	5%	10%
Option 8	55%	15%	15%	15%	23%
Option 9	45%	20%	20%	20%	25%
Option 10	65%	15%	15%	15%	25%
Option 11	65%	10%	10%	10%	21%
Option 12	70%	10%	10%	10%	22%

Dental

Dental - Contributory / Non-Contributory

Annual Premium	Dental
On the first \$10,000	10.0%
On the next \$10,000	7.5%
On the next \$10,000	5.0%
On the next \$20,000	2.5%
On the next \$450,000	1.5%
On the next \$2,000,000	1.0%
Excess over \$2,500,000	0.5%

Dental - Voluntary

Same as 'Dental – Contributory / Non-Contributory'

Dental Subsidiaries

Managed Dental Guard (MDG) - New York and New Jersey

If the benefit is Voluntary and has 1,000 or more eligible Employees – OR – if the benefit is Contributory

Annual Premium	MDG
On the first \$10,000	10.0%
On the next \$10,000	7.5%
On the next \$10,000	5.0%
On the next \$20,000	2.5%
On the next \$450,000	1.5%
On the next \$2,000,000	1.0%
Excess over \$2,500,000	0.5%

If the benefit is Voluntary and has fewer than 1,000 Employees and sold with Community Rate Sheets

Annual Premium	MDG – NY / NJ
All Premium	7.0%

Dental Subsidiaries (continued)

Managed Dental Guard (MDG) – Florida and Texas

Annual Premium	MDG
On the first \$10,000	10.0%
On the next \$10,000	7.5%
On the next \$10,000	5.0%
On the next \$20,000	2.5%
On the next \$450,000	1.5%
On the next \$2,000,000	1.0%
Excess over \$2,500,000	0.5%

Managed Dental Care (MDC) - California

Annual Premium	MDC
On the first \$10,000	10.0%
On the next \$10,000	7.5%
On the next \$10,000	5.0%
On the next \$20,000	2.5%
On the next \$450,000	1.5%
On the next \$2,000,000	1.0%
Excess over \$2,500,000	0.5%

Dental Subsidiaries (continued)

First Common Wealth (FCW)

For Managed Dental Care (DHMO) only plans

Annual Premium	FCW
All Premium	10.0%

For plans with both Managed Dental Care (DHMO) and PPO benefits

Annual Premium	FCW
All Premium	7.0%

Group Universal Life (GUL)

(Product is no longer available for new business sale.)

Commissions are payable at the Certificate Level

	Premiums less than or equal to the target premium*	Premiums greater than the target premium
First Certificate Year	15.0%	2.0%
Second through tenth certificate year	6.0%	2.0%
Eleventh or greater certificate year	2.0%	2.0%

*As specified in each insured's certificate

Hospital Indemnity

Hospital Indemnity

The Hospital Indemnity commission schedules vary by state.

- Colorado – up to 15% or a heaped equivalent
- Delaware – up to 15% or a heaped equivalent
- Indiana – up to 20% or a heaped equivalent
- Maryland – up to 20% or a heaped equivalent
- North Dakota – up to 15% or a heaped equivalent
- Ohio – up to 20% or a heaped equivalent
- Washington – Flat 5%

Hospital Indemnity – Contributory / Non-Contributory

- All other approved states, please refer to the following:

Annual Premium	Hospital Indemnity
On the first \$15,000	15.0%
On the next \$5,000	12.5%
On the next \$5,000	10.0%
On the next \$25,000	5.0%
Excess over \$50,000	0.5%

Or Flat Percentage

When permissible and mutually agreed upon, in advance, by the Company and Producer.

Hospital Indemnity (continued)

Hospital Indemnity – Voluntary

- All other approved states, please refer to the following:
- Flat 15% or equivalent
- Alternative Flat percentages - when permissible and mutually agreed upon, in advance, by the Company and Producer.
- Heaped Commission Scales (available for states that do not have a Minimum Loss Ratio requirement)

	Year 1	Years 2-5	Years 6-10	Years 11+	Flat Commission Equivalent
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Option 7	25%	5%	5%	5%	10%
Option 8	55%	15%	15%	15%	23%
Option 9	45%	20%	20%	20%	25%
Option 10	65%	15%	15%	15%	25%
Option 11	65%	10%	10%	10%	21%
Option 12	70%	10%	10%	10%	22%

Life / Accidental Death & Dismemberment

Life / Accidental Death & Dismemberment - Contributory / Non-Contributory

Annual Premium	Life, AD&D*
On the first \$15,000	10.0%
On the next \$10,000	7.0%
On the next \$25,000	5.0%
On the next \$50,000	1.0%
Excess over \$100,000	0.5%

*The total Group Life and Group AD&D premium will be used to determine commissions.

Life / Accidental Death & Dismemberment - Voluntary

Annual Premium	Life, AD&D*
All Premium	13.0%

*The total Group Life and Group AD&D premium will be used to determine commissions.

Life / Accidental Death & Dismemberment (continued)

Life – Voluntary Permanent

Option 1 – Heaped**

- Year 1 – 90%
- Years 2 through 10 – 5%
- Years 11+ – 2%

** Requires underwriting approval.

Option 2- Semi Heaped

- Years 1 through 3 – 37%
- Years 4 through 10 – 5%
- Years 11+ - 2%

Option 3 – Level

- All Years – 20%

Long Term Disability

Long Term Disability - Contributory / Non-Contributory

Annual Premium	Long Term Disability
On the first \$15,000	15.0%
On the next \$5,000	12.5%
On the next \$5,000	10.0%
On the next \$25,000	5.0%
Excess over \$50,000	0.5%

Long Term Disability - Voluntary

Annual Premium	Long Term Disability
All Premium	13.0%

Short Term Disability

Short Term Disability - Contributory / Non-Contributory

Annual Premium	Short Term Disability
On the first \$10,000	10.0%
On the next \$10,000	7.5%
On the next \$10,000	5.0%
On the next \$20,000	2.5%
On the next \$450,000	1.5%
On the next \$2,000,000	1.0%
Excess over \$2,500,000	0.5%

Short Term Disability - Voluntary

Annual Premium	Short Term Disability
All Premium	13.0%

State Mandated Disability (SMD)

New York DBL and New Jersey TDB

All Policy Years

On the first \$5,000	20.0%
On the next \$5,000	10.0%
On the next \$40,000	7.0%
On the next \$200,000	4.0%
On the next \$250,000	3.0%
On the next \$1,500,000	2.0%
On the next \$2,000,000	1.0%
Excess over \$4,000,000	0.5%

Hawaii TDI

Options for plans with fewer than 50 Employees

Net / No Commission

Flat 10%

Flat 15%

Options for plans with 50 or more Employees

Net / No Commission

Flat 5%

Flat 10%

Flat 15%

Stop Loss

Stop Loss

Annual Premium	Stop Loss
All Premium	10.0%

For Washington State:

There are four (4) commission levels available for Guardian Stop Loss. Commissions are paid on ISL and ASL premium.

Commission Options for Stop Loss are service level oriented and are as follows:

“\$0” or Net Commissions: Guardian has no specific service levels required by broker

5% Commissions: (a) Broker is required to submit renewal requirements 120 days prior to renewal anniversary date.

10% Commissions: (a) Broker is required to submit renewal requirements 120 days prior to the renewal anniversary date, and (b) broker is required to participate in the new case implementation call.

15% Commissions: (1) Broker is required to submit renewal requirements 120 days prior to the renewal anniversary date, and (b) broker is required to participate in the new case implementation call, and (c) performs a 6 month review with the planholder regarding the Stop Loss Policy.

Failure to provide the requirements as listed above will cause Guardian to cease paying commission level and re-price rates to reflect the premium reduction to the planholder on a prospective basis.

Vision

Vision - Contributory / Non-Contributory

Annual Premium	Vision
On the first \$10,000	10.0%
On the next \$10,000	7.5%
On the next \$10,000	5.0%
On the next \$20,000	2.5%
On the next \$450,000	1.5%
On the next \$2,000,000	1.0%
Excess over \$2,500,000	0.5%

Vision - Voluntary

Same as 'Vision - Contributory / Non-Contributory'

Additional New Business

In the event that at least six (6) months after the effective date of any plan, a group coverage(s) is increased, producing additional annualized premium of at least (a) \$10,000 for Dental, (b) \$5,000 for Vision, (c) \$5,000 for Life and ADD, (d) \$5,000 for Optional/Voluntary Life and Optional AD&D, (e) \$5,000 for Long Term Disability, (f) \$5,000 for Short Term Disability, (g) \$5,000 for Accident, (h) \$5,000 for Cancer, (i) \$5,000 for Hospital Indemnity, or (j) \$5,000 for Critical Illness, the commissions payable on account of such increased coverage shall be determined by the Company in accordance with its rules and regulations applicable at the time such commission is payable. If any additional coverage is effective under such policy or plan within six months of the effective date of previously effective coverage, the premiums for the previously effective coverage and for such additional coverage will be combined in applying the Schedule of Commissions above.

Group Commission Payment Rules

To receive commissions, among other things, a producer must be recognized as the planholder's 'agent of record'. The agent of record is the producer recognized as the agent of record by both the planholder and Guardian.

A producer must possess the proper credentials (i.e. licensed to sell the product by the applicable state and/or appointed by Guardian, as required by applicable law) in order to be eligible to receive commission payments.

Guardian pays its commissions on a monthly basis.

Group Commission Payments are generated at the conclusion of each calendar month, based on premium paid and posted within Guardian's systems during the preceding calendar month.

In most instances, Guardian utilizes graded scales to calculate Group commissions. Graded scales generate compensation payments that at the beginning of each policy year start at the top of the graded scale. As premium is paid and subsequently posted for each coverage, the compensation moves down the graded scale.

Each employer plan of insurance written under a group policy issued to an industry-wide multiple employer trust fund under an arrangement where the employees are individually solicited for participation in the plan by the Agent shall each be treated as a separate policy for all purposes of commission and wherever the term “policy” is used in this Agreement it shall be deemed to mean the insurance plan of each employer.

Commissions on premiums refunded by the Company shall be refunded by the Agent.

No commissions are payable on premiums waived on account of disability.

In the event a policy or plan is issued in replacement of an existing policy or plan or if a policy or plan is issued to provide coverage for a group of persons substantially all of whom were previously insured under an existing policy or plan, such new policy or plan shall be deemed to have been issued as of the original effective date of the policy(s) or plan(s) it replaced for the purposes of determining the rates of commissions payable and the period for which commissions shall be vested. The term “existing policy or plan” will be deemed to include any policy or plan which has cancelled with the Guardian within six (6) months of the effective date of the new policy or plan.

In the event the Agent submits an application for additional business to an existing policy or plan for which the Agent was not the original writing agent on the effective date of such policy or plan, the commission payment rules apply as if the Agent were the original writing agent indicated in the original preliminary application for such policy or plan.

If a plan or policy is amended because state or federal law mandates that an insurer provide specified benefits for its policyholders or requires than an employer provide additional benefits to his employees, the amendment is not considered a new sale unless the additional benefits meet the criteria for a productive add-issue.

The rules and regulations of the Company in effect on the date a commission payment is due shall apply in any case not covered by the terms of this Supplement.

The applicable commissions referred to above shall be determined based upon commissionable premium. With respect to Group insurance policies (both conventionally funded and alternatively funded) and Group annuity contracts, whether or not such Group annuity contract is an employee welfare benefit plan subject to the Employee Retirement Income Security Act (ERISA), notwithstanding any provision herein to the contrary, the Company reserves the right change to this supplement, where a change in ERISA, applicable regulations or administrative order or directive, in the Company's sole discretion, necessitates a change to this supplement.

Scales shown do not apply in certain states in respect to statutory small employee plans or to certain community rated plans.

In the event this Supplement is attached to a Brokerage Agreement form, the word "Agent" used herein shall mean and refer to the broker and shall not in any way change the capacity of the broker to that of an agent.

For Agent/Broker Use Only. Not For Use With The General Public.

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The Guardian Life Insurance Company of America, New York, NY