



BASE COMMISSIONS SCHEDULE for Brokers - All Lines of Business*

EFFECTIVE DATE of SCHEDULE January 1, 2019 or Effective Date of Your Contract/Agreement (whichever is later). In accordance with the Compensation section in Your Contract/Agreement (hereinafter referred to as Contract), this schedule is hereby adopted as part of that Contract and replaces all prior commission schedules and contract amendments for business applied for on or after the effective date of this Base Commissions Schedule.

*All rates are subject to Product state approval and any applicable compensation will be paid to You in accordance with the Company's then current policies and procedures.

GROUP INSURANCE Base Commissions will be payable to You as a percentage of commissionable premiums accepted by the Company on Group policies issued and placed on applications written personally by You, or in Your name, at the following rates:

Product	Policy Year Paid Annual Premium	Rate of Base Commissions
Long Term Disability (LTD) - includes Traditional, Flex, Reduced Participation and Benefit Advantage products, NY Disability Benefits Law (DBL) and NJ Temporary Disability Benefits (TDB)	On the first \$15,000	15%
	On the next \$10,000	10%
	On the next \$25,000	5%
	On the next \$50,000	1%
	On amounts in excess of \$100,000	1%
Life/AD&D and STD - includes Traditional, Flex, Reduced Participation and Benefit Advantage products.	On the first \$15,000	10%
	On the next \$10,000	7%
	On the next \$25,000	5%
	On the next \$50,000	1%
	On amounts in excess of \$100,000	0.5%
Group Long Term Care (GLTC) - excludes the states of Florida and Pennsylvania	All Premium	20%
Group Long Term Care (GLTC) - for the state of Florida	All Premium	15%
Group Long Term Care (GLTC) - for the state of Pennsylvania	All Premium	10%
Select Income Protection Plan (LTD)	All Premium	15%
Educator Select Income Protection Plan (LTD) – excludes the state of Florida	All Premium	15%
Educator Select Income Protection Plan (LTD) – for the state of Florida	All Premium	10%
Select Short Term Income Protection Plan (STD)	All Premium	15%
Educator Select Short Term Income Protection Plan (STD) – excludes the state of Florida	All Premium	15%
Educator Select Short Term Income Protection Plan (STD) – for the state of Florida	All Premium	10%
Group Critical Illness (GCI) – Employee Paid with Step Rates – excludes the states of Maryland, Minnesota and Washington	All Premium	15%
Group Critical Illness (GCI) – Employee Paid with Step Rates – for the state of Maryland	All Premium	9%
Group Critical Illness (GCI) – Employee Paid with Step Rates – for the state of Minnesota	All Premium	14%
Group Critical Illness (GCI) – Employee Paid with Step Rates – for the state of Washington	All Premium	5%
Group Critical Illness (GCI) – Employer Paid - excludes the states of Maryland and Washington	On the first \$15,000	15%
	On the next \$10,000	10%
	On the next \$25,000	5%
	On the next \$50,000	1%
	On amounts in excess of \$100,000	1%
Group Critical Illness (GCI) – Employer Paid – for the state of Maryland	On the first \$15,000	10%
	On the next \$10,000	7%
	On the next \$25,000	5%
	On the next \$50,000	1%
	On amounts in excess of \$100,000	0.5%

Group Critical Illness (GCI) – Employer Paid – for the state of Washington	All premium	5%
Attained Age Critical Illness (AACI) ¹ – excludes the states of Colorado, Connecticut, Indiana, Maryland, Minnesota, New Jersey, New York and Washington	All premium	15%
Attained Age Critical Illness (AACI) ¹ – for the states of Colorado and Indiana	All premium	12%
Attained Age Critical Illness (AACI) ¹ – for the states of Connecticut, Minnesota and New Mexico	All premium	7%
Attained Age Critical Illness (AACI) ¹ – for the state of New York	All premium	10%
Attained Age Critical Illness (AACI) ¹ – for the states of Maryland and New Jersey	All premium	5%
Attained Age Critical Illness (AACI) ¹ – for the state of Washington	All premium	3%
Voluntary LTD and STD	All premium	15%
Voluntary Life/AD&D	All premium	15%
Vision (Employer Paid)	All premium	10%
Vision (Employee Paid)	All premium	12%
Stop Loss ²³	All premium	Determined at time of quote
Group Hospital Indemnity (GHI) ¹ – Employer Paid - excludes the states of Minnesota, New Mexico, New York and Washington	On the first \$15,000	15%
	On the next \$10,000	10%
	On the next \$25,000	5%
	On the next \$50,000	1%
	On amounts in excess of \$100,000	1%
Group Hospital Indemnity (GHI) ¹ – Employer Paid – for the states of Minnesota, New Mexico, New York and Washington	On the first \$15,000	10%
	On the next \$10,000	7%
	On the next \$25,000	5%
	On the next \$50,000	1%
	On amounts in excess of \$100,000	0.5%
Dental	Group Size	Rate of Base Commissions
Dental – excludes the state of New York	All Group Sizes	10%
Dental – for the state of New York	0 – 24 Lives	10%
	25 – 49 Lives	8%
	50 – 149 Lives	6%
	150 – 99,999 Lives	5%

¹Effective the latter of January 1, 2019 or the date of State Approval.

²Stop Loss Base Commissions will be paid by Medical Risk Managers, Inc. (MRM) on behalf of Unum.

³Commissions will be agreed upon by Broker and Unum at the time of quote.

- A first year, one-time payment of \$200 will be made for new Group business for each new Group line of coverage after initial Group Paid Premium has been received by the Company. This is not payable on the following: Dental, Vision, Voluntary Benefits, Benefit Advantage products, Administrative Services Only (ASO) business, Ancillary services, such as “FMLA” and “WorkRx,” and upon renewal of an existing inforce group line of coverage. If a group line of coverage terminates within the first 90 days after this payment has been made, the payment associated with the terminated line of coverage will be recovered.
- If, after its effective date, a policy is amended, and if the additional premiums payable under or on account of such amendment or amendments are determined by the Company to be NBOC premiums, Base Commissions on such additional premiums will be payable under this schedule at such rate and such point in scale as the Company shall determine, but such Base Commissions will be payable to whomever is then designated by the policyholder as Broker-of-Record for such business.
- The Company’s determination of the applicability of the Base Commission rates to specified insurance plans and coverages as defined in Company materials, shall be conclusive and shall be made within a reasonable time after the effective date of any such coverage. The Company reserves the right at any time to review and revise any such determination. The Company also reserves the right at any time to review the determination of the applicability of the Base Commission table for any product that may have been omitted at the Effective Date of the Base Commission Schedule.

VOLUNTARY BENEFITS First year Base Commissions, renewal commissions and service fees will be payable to You as a percentage of commissionable premiums accepted by the Company on Voluntary Benefits contracts issued and placed on applications written personally by You, or in Your name, at the rates listed below.

Voluntary Benefits schedules are only applicable to lines of business with initial estimated premium less than five million dollars. For lines of business with initial estimated premium greater than or equal to five million dollars, the commission rate will be determined at the time of quote.

Group Critical Illness (GCI) Product		
Funding Method - Employee Paid with Issue Age		
High/Low*	OR	Flat Rate*
Rate of Base Commissions		
First Year: 70% Years 2-10: 10% Years 11+: 2.5%	OR	22%
Rate of Base Commissions – for the state of Florida		
First Year: 65% Years 2-10: 5% Years 11+: 2.5%	OR	20%
Rate of Base Commissions – for the state of Maryland		
First Year: 41% Years 2-10: 5% Years 11+: 2.5%	OR	9%
Rate of Base Commissions – for the state of Minnesota		
First Year: 65% Years 2-10: 8% Years 11+: 2.5%	OR	20%
Rate of Base Commissions – for the state of New York		
First Year: 60% Years 2-10: 9% Years 11+: 2.5%	OR	15%

* Commissions will be paid to You at the rate(s) selected by You in accordance with the Company's then current policies and procedures.

- If, after its effective date, a policy is amended, and if the additional premiums payable under or on account of such amendment or amendments are determined by the Company to be NBOC premiums, Base Commissions on such additional premiums will be payable under this schedule at such rate and such point in scale as the Company shall determine, but such Base Commissions will be payable to whomever is then designated by the policyholder as Broker-of-Record for such business, except Base Commissions subject to Rules for Broker-of-Record changes on Employee Paid Plans with Issue Age Rates.
- For broker of record changes, commissions will be paid to the original Broker of Record for the first three (3) years the insurance coverage is in force for eligible Products. The new Broker of Record will receive compensation on insurance coverage placed after the change was made.
- Commissions will be paid to the commissionable Broker-of-Record at the time eligible GCI coverage is ported.
- Standard base commissions will continue to be paid at the same rates in effect prior to porting the GCI coverage.
- If non-standard commission rates are being paid at the time the GCI coverage is ported, commissions will continue to be paid at the rate shown on the Single Case Amendment (SCA).
- Commissions will continue to be paid on ported GCI insurance coverage if the group plan terminates.
- For rewrites of Unum VB Critical Illness products with GCI Employee Paid Plans, the base commissions will be paid at the standard GCI high/low rates for years 2+, based on the applicable funding method and state specific rates.
- If changes are made to the GCI plan provisions that result in a change to funding and/or rating method, commissions will be paid according to the schedule for the new funding and/or rating method.

Group Accident Product		
Funding Method - Employee Paid with Composite Rates		
High/Low*	OR	Flat Rate*
Rate of Base Commissions		
First Year: 60% Years 2-5: 5% Years 6+: 2.5%	OR	20%
Rate of Base Commissions – for the states of Colorado, Florida, Maryland, Minnesota, New Hampshire, New York, North Dakota and Washington		
First Year: 50% Years 2+: 2.5%	OR	15%

* Commissions will be paid to You at the rate(s) selected by You in accordance with the Company's then current policies and procedures.

- If, after its effective date, a policy is amended, and if the additional premiums payable under or on account of such amendment or amendments are determined by the Company to be NBOC premiums, Base Commissions on such additional premiums will be payable under this schedule at such rate and such point in scale as the Company shall determine, but such Base Commissions will be payable to whomever is then designated by the policyholder as Broker-of-Record for such business, except Base Commissions subject to Rules for Broker-of-Record changes on Employee Paid Plans.
- For broker of record changes, commissions will be paid to the original Broker of Record for the first three (3) years the insurance coverage is in force for eligible Products. The new Broker of Record will receive compensation on insurance coverage placed after the change was made.
- Commissions will be paid to the commissionable Broker-of-Record at the time eligible Group Accident coverage is ported.
- Standard base commissions will continue to be paid at the same rates in effect prior to porting the Group Accident coverage.
- If non-standard commission rates are being paid at the time the Group Accident coverage is ported, commissions will continue to be paid at the rate shown on the Single Case Amendment (SCA).
- Commissions will continue to be paid on ported Group Accident insurance coverage if the group plan terminates.
- For rewrites of Unum VB Individual Accident products with Group Accident Employee Paid Plans, the base commissions will be paid at the standard Group Accident high/low rates for years 2+, based on the applicable funding method and state specific rates.
- If changes are made to the Group Accident Plan provisions that result in a change to funding and/or rating method, commissions will be paid according to the schedule for the new funding and/or rating method.

Group Hospital Indemnity (GHI)¹ Product			
Funding Method			
Employee Paid with Composite Rates	Employee Paid with Issue Age Rates		
	High/Low*	OR	Flat Rate*
Rate of Base Commissions			
15%	First Year: 50% Years 2-5: 5% Years 6+: 2.5%	OR	15%
Rate of Base Commissions – for the states of Colorado, Florida, Maryland and Rhode Island			
13%	First Year: 50% Years 2+: 2.5%	OR	13%
Rate of Base Commissions – for the state of North Dakota			
13%	First Year: 45% Years 2+: 2.5%	OR	13%
Rate of Base Commissions – for the states of Minnesota, New Mexico, Washington and New York			
10%	Not Available	OR	10%

*Commissions will be paid to You at the rate(s) selected by You in accordance with the Company's then current policies and procedures.

¹Effective the latter of January 1, 2019 or the date of State Approval.

- If, after its effective date, a policy is amended, and if the additional premiums payable under or on account of such amendment or amendments are determined by the Company to be NBOC premiums, Base Commissions on such additional premiums will be payable under this schedule at such rate and such point in scale as the Company shall determine, but such Base Commissions will be payable to whomever is then designated by the policyholder as Broker-of-Record for such business, except Base Commissions subject to Rules for Broker-of-Record changes on Employee Paid Plans.
- For broker of record changes, commissions will be paid to the original Broker of Record for the first three (3) years the insurance coverage is in force for eligible Products. The new Broker of Record will receive compensation on insurance coverage placed after the change was made.

- Commissions will be paid to the commissionable Broker-of-Record at the time eligible Group Hospital Indemnity coverage is ported.
- Standard base commissions will continue to be paid at the same rates in effect prior to porting the Group Hospital Indemnity coverage.
- If non-standard commission rates are being paid at the time the Group Hospital Indemnity coverage is ported, commissions will continue to be paid at the rate shown on the Single Case Amendment (SCA).
- Commissions will continue to be paid on ported Group Hospital Indemnity insurance coverage if the group plan terminates.
- For rewrites of Unum VB Individual Medical Support products with Group Hospital Indemnity Employee Paid Plans, the base commissions will be paid at the standard Group Hospital Indemnity rates for years 2+, based on the applicable policy premium rating method and state specific commission rates.
- If changes are made to the Group Hospital Indemnity Plan provisions that result in a change to funding and/or policy premium rates, commissions will be paid according to the schedule for the new funding and/or policy premium rates.

Individual Voluntary Benefits Products				
Product	First Year Base Commissions:	Renewals and Service Fees:		Flat Equivalent
	First Year	Year 2-10	Years 11+ Service Fees	All Years
Voluntary Individual Universal Life	90%	5%	2.5%	21%
Whole Life	90%	5%	2.5%	21%
10/10/Yearly Renewable Term Life	60%	5%	2.5%	19%
Individual Short Term Income Protection (excludes the state of NH)	60%	5%	2.5%	20%
Individual Short Term Income Protection (for the state of NH)	50%	5%	2.5%	18%
Accident Insurance (excludes the states of CO and NH)	65%	5%	2.5%	22%
Accident Insurance (for the states of CO and NH)	55%	5%	2.5%	19%
MedSupport (excludes the states of OR and SD)	60%	5%	2.5%	18%
MedSupport (for the states of OR and SD)	50%	5%	2.5%	15%
Specified Critical Illness (excludes the states of OR and FL)	70%	10%	10%	22%
Specified Critical Illness (for the state of FL)	65%	5%	5%	-
Specified Critical Illness (for the state of OR)	55%	5%	5%	15%
Cancer Insurance: (excludes FL, MD, SD, WA, and WY)				
Issue Age 0-54	70%	10%	10%	22%
Issue Age 55+	40%	10%	10%	16%
Cancer Insurance: (for the states of FL, MD, SD, WA, and WY)				
Issue Age 0-54	50%	10%	10%	18%
Issue Age 55+	30%	10%	10%	14%

* Commissions will be paid to You at the rate(s) selected by You in accordance with the Company's then current policies and procedures.

¹Estimated premium will be determined by Unum at the time of quote.

- For Individual Short Term Income Protection, Specified Critical Illness, and MedSupport policies with coverage effective based on application sign date, Base Commissions will be paid at a 10 point rate reduction to the first year commission rate in the table above. Not applicable for Flat Equivalent rates.
- For Accident Insurance policies, the first year commission rate is 60% (50% for the states of CO and NH) for all cases using application sign date as the effective date of coverage. For policies with coverage effective based on application sign date, Base

Commissions will be paid at a 5 point rate reduction to the first year commission rate in the table above. Not applicable for Flat Equivalent rates.

- In certain situations a broker may request the Pre-Existing Condition Waiver be issued on a policy when replacing an existing short term disability income plan. If the Pre-Existing Condition Waiver rider is approved and issued on the VB Individual Short Term Income Protection policy, a 30 point reduction (8 point reduction for Flat Equivalent rates) will be applied to the first-year Base Commission rate. In certain situations a broker may request the Pre-Existing Condition Waiver be issued on a policy when replacing an existing Critical Illness policy. If the Pre-Existing Condition Waiver rider is approved and issued on a Specified Critical Illness or GCI policy in a state other than Kansas, a 35 point reduction (9 point reduction for Flat Equivalent rates) will be applied to the first-year Base Commission rate. For policies issued in the state of Kansas when the Pre-Existing Condition Waiver rider is approved and issued on a Specified Critical Illness or GCI policy, a 45 point reduction (11 point reduction for Flat Equivalent rates) will be applied to the first-year Base Commission rate.
- Base Commissions and service fees on other Voluntary Benefits products not listed will be in accordance with the Company's then current Rules and Practices at the time the policy is placed and paid.
- All Voluntary Benefits cases are subject to the Company's home office pre-approval.
- For universal life products, the first year Base Commission rates apply to premiums paid on commissionable premium up to the target premium. Commissions Payable on excess premium deposits, above the commissionable target premium will be paid according to the Company's then current Rules and Practices.
- Commissions payable on Voluntary Benefits products governed by state law that varies from rates shown will be paid according to the applicable rate prescribed by state law.
- Availability of Flat Equivalent rates on Voluntary Benefits life policies issued in the state of New York may be subject to state approval.

INDIVIDUAL DISABILITY INSURANCE (“ IDI ”) First year Base Commissions, renewal commissions and service fees will be payable to You as a percentage of commissionable premiums accepted by the Company on policies issued and placed on applications written personally by You, or in Your name, at the following rates:

First Year Base Commissions:		Renewals and Service Fees:			
	First Year	New Net Annualized IDI Premium (in Dollars)	Year 2-5	Year 6-10	Years 11 + Service Fees
Individual Disability Insurance Products (except as noted below for Accident Income Recovery)	50%	1 – 14,999 15,000 – 29,999 30,000 – 59,999 60,000 +	5% 10% 15% 17.5%	2.5% 5% 10% 12.5%	2% 2% 5% 5%
For Policies sold as part of a Multi-Life Arrangement:					
Level A	30%	1 – 14,999 15,000 – 29,999 30,000 – 59,999 60,000 +	5% 10% 15% 17.5%	2.5% 5% 10% 12.5%	2% 2% 5% 5%
Level B	25%	1 – 14,999 15,000 – 29,999 30,000 – 59,999 60,000 +	3.5% 8.5% 13.5% 16%	1% 3.5% 8.5% 11%	2% 2% 5% 5%
Level C	20%	1 – 14,999 15,000 – 29,999 30,000 – 59,999 60,000 +	2.5% 7.5% 12.5% 15%	0% 2.5% 7.5% 10%	2% 2% 5% 5%
Accident Income Recovery	65%	N/A	0%	0%	0%

- For AIB, FIO, GPI, GCI riders, Update, Indexing and similar Individual Disability Insurance policy riders or additions, the rates in this schedule apply to the premium charged for these riders or additions at the time of policy issue. When the benefit is exercised, the commissions on the new additional premium for the increased insurance will be paid according to Company Rules and Practices then in effect.
- Renewal Base Commission rates are determined for years 2 through 10 based upon the level of New Net Annualized IDI Premium produced in the calendar year in which the policy was placed and paid.
- Payment of service fees in years 11+ will continue if a minimum of \$25,000 IDI Inforce Premium is maintained.

INDIVIDUAL LONG TERM CARE INSURANCE (“ILTC”) First year Base Commissions, renewal commissions and service fees will be payable to You as a percentage of commissionable premiums accepted by the Company on policies issued and placed on applications written personally by You, or in Your name, at the following rates:

First Year Base Commissions:		Renewals and Service Fees:			
	First Year	New Net Annualized ILTC Premium (in Dollars)	Year 2-5	Year 6-10	Years 11 + Service Fees
Individual Long Term Care Products: Issue Age less than 75 Issue Age 75 or more (In General; except as defined below)	50%	1 - 9,999	5%	5%	2%
		10,000 – 19,999	7.5%	5%	2%
	40%	20,000 – 39,999	7.5%	7.5%	5%
		40,000 +	10%	10%	5%

Base Commissions Scale – Delaware (New Policies)				
Year 1		Year 2-10	Years 11+	
<u>Issue Age:</u>	<u>Rate:</u>	<u>Rate:</u>	<u>Inforce ILTC Premium:</u>	<u>Rate:</u>
Less than 75	35%	12.5%	Less than \$25,000	
75 or More	20%		\$25,000 or More	0%
				5%

Base Commissions Scale – Delaware (Replacement Policies)				
Year 1		Year 2-10	Years 11+	
<u>Issue Age:</u>	<u>Rate:</u>	<u>Rate:</u>	<u>Inforce ILTC Premium:</u>	<u>Rate:</u>
Less than 75	25%	15%	Less than \$25,000	
75 or More	20%		\$25,000 or More	0%
				5%

Base Commissions Scale – Indiana		
Year 1	Year 2-10	Years 11+
32%	16%	0%

Base Commissions Scale – Michigan				
Year 1 – 3		Year 4 - 10	Years 11+	
<u>Issue Age:</u>	<u>Rate:</u>	<u>Rate:</u>	<u>Inforce ILTC Premium:</u>	<u>Rate:</u>
Less than 75	32%	4%	Less than \$25,000	0%
75 or More	25%		\$25,000 or More	5%

Base Commissions Scale – Wisconsin					
Year 1		Year 2-10		Years 11+	
<u>Issue Age:</u>	<u>Rate:</u>	<u>Year 1 Net Annualized ILTC Premium:</u>	<u>Rate:</u>	<u>Inforce ILTC Premium:</u>	<u>Rate:</u>
Less than 75	40%	Less than \$7,500	10%	Less than \$25,000	0%
75 or More	30%	\$7,500 to less than \$15,000	11%	\$25,000 or More	5%
		\$15,000 to less than \$30,000	12%		
		\$30,000 to less than \$50,000	13%		
		\$50,000 or more	14%		

- The Base Commission percentage applicable to premiums paid on policies with an Accelerated Payment Option Rider (APO) shall be paid as follows:
 - One-Pay: Fifteen percent (15%) of standard Base Commission percentages in the above table.
 - Five-Pay: Thirty percent (30%) of standard Base Commission percentages in the above table.
 - Ten-Pay: Sixty percent (60%) of standard Base Commission percentages in the above table.
 - To Age 65: Sixty percent (60%) of standard Base Commission percentages in the above table.
- Renewal Base Commission rates are determined for years 2 through 10 based upon the level of New Net Annualized ILTC Premium produced in the calendar year in which the policy was placed and paid.
- The service fees indicated for the 11th and subsequent Policy Years will be payable *provided that*:
 - You have at least \$25,000 of annualized Inforce Premium from ILTC policies at the year-end closing date preceding the year the ILTC policy entered its 11th year, **AND**
 - You maintain at least \$10,000 of annualized Inforce Premium from ILTC policies at the year-end closing date preceding the year the ILTC policy entered its 12th year and each year thereafter.

GENERAL PROVISIONS

Applicable Schedule: Application of compensation schedules is subject to the Company's administrative procedures that determine which compensation schedule is applicable to Your contract.

Administrative Services Only: Base Commissions are not payable on arrangements for administrative services, including but not limited to Administrative Services Only ("ASO") arrangements and arrangements for administration of Family Medical Leave Act ("FMLA") and State Leave laws.

Alternate Funding Arrangements: Base Commissions are not payable on supplemental premiums or payments due to the Company upon termination of alternate funding arrangements.

Base Commissions and Fees: Base Commissions and fees on temporary flat extra premiums, waived premium, forgiven premium, discontinued/suspended premiums, internal rollovers, policy or administrative fees, or on the amount of permanent table-rated or percentage-rated premiums will be payable only as provided in the Company's then current Rules and Practices.

Captive Arrangements: Base Commissions are not payable on premiums from policies structured to support captive arrangements.

Conversion Privilege: For policies issued in accordance with any conversion privilege, first year and renewal commissions will be in accordance with the Company's then current Rules and Practices.

Discounts: Commissions and fees payable shall be based upon the actual commissionable premiums paid on any policy eligible for discount(s).

Family Medical Leave Act (FMLA): Base Commissions are not payable on premiums from policies structured to support FMLA.

Issue Ages 65 and Above: For policies with issue ages 65 and above, the Base Commission rates will be determined by the Company in accordance with its then current Rules and Practices.

Minimum Compensation Payment: If your total current and accumulated compensation is less than the minimum check threshold, compensation may be accumulated until such compensation equals or exceeds the minimum threshold that is determined by the Company in accordance with its then current Rules and Practices before being paid to You.

Policy Exchanges, Changes, Make-Overs, Rewrites: Base Commissions payable on policy changes, made-over policies, or policies being rewritten to a new policy will be determined by the Company in accordance with its current Rules and Practices.

Products: The Company reserves the right to withdraw products or product lines from any and all jurisdictions at any time. The Company may introduce new products from time to time and compensation rates on such products will be established at the time of product introduction which may differ from the rates published in this schedule.

Regulatory Requirements: Compensation rates may vary in some states due to regulatory requirements. Premiums received on policies issued in such states shall earn compensation according to the applicable rate prescribed by state law.

Reserve Buyouts: Base Commissions are not payable on premiums and payments associated with reserves buyout or transfer arrangements and retiree life reserves buyout arrangements.

Separate Schedule: Notwithstanding anything in this schedule to the contrary, premiums received for Voluntary Benefits Life Insurance products issued by the Company on applications written by You or in Your name in the state of New York shall earn compensation as set forth in a separate schedule.

Supplementary Benefits: Unless provided otherwise, commissions and fees payable on supplementary benefits will be at the same rates and subject to the same provisions as the policies to which they are attached.

Unearned Commissions: The unearned portion of any first year commissions paid to You under a policy which has terminated prior to the first policy anniversary date will be charged back to You as an indebtedness to the Company.

Payment of Commissions after Contract Termination:

- First-year and renewal Base Commissions otherwise payable to You on Individual Voluntary Benefits premiums received by the Company shall be continued only through the tenth (10th) policy year.
- Individual Disability Insurance (IDI) Inforce Premium will be reviewed annually in January of each year after Your termination and first year Base Commissions and renewal commissions and service fees shall be paid to You according to the following:
 - If You have \$25,000 or more of IDI annual Inforce Premium, compensation will be paid during that year on all IDI premium received by the Company.
 - If You have \$10,000 but less than \$25,000 of IDI annual Inforce Premium, first year Base Commissions and renewal commissions for policy years two (2) through ten (10) only will be paid during that year on IDI premium received by the Company.
 - If You have less than \$10,000 of IDI annual Inforce Premium, first year Base Commissions and renewal commissions for policy years two (2) through ten (10) only will be paid on IDI premium received by the Company during that year only and no subsequent compensation will be paid in future years.
- Individual Long Term Care (ILTC) Inforce Premium will be reviewed annually in January of each year after Your termination. You must maintain at least \$10,000 of annualized ILTC Inforce Premium to receive compensation in Years 11 and on.

Rules for Broker-of-Record Changes for Group Commissions:

- No new commissions will be paid to You for new business submitted on any existing Group policy for which You are not the Broker-of-Record.
- You will continue to receive commissions, payable on premiums received by the Company, on any Group policy that is inforce at the time of Your termination as long as You are recognized as the Broker-of-Record for that Group policy.
- Following Your termination as Broker-of-Record on any Group policy, You shall have no further rights to the commission payable on premiums received by the Company on that Group policy.

DEFINITIONS of terms used herein:

Broker-of-Record: The broker requested by the policyholder, and accepted by the Company, as being entitled to receive compensation on the policy(ies) to which this schedule applies.

Commissionable Premium:

Individual Disability Insurance: commissionable premium is equal to gross premium minus policy fees and premium rated in excess of 30%.

ILTC: commissionable premium is equal to premium received.

Group: commissionable premium is equal to premium received.

VB: commissionable premium is equal to premium received.

Commissions Payable: Commissions due to You on applicable premium pursuant to the terms and conditions of this Commission Schedule and Your Contract.

Group Paid Premium: Cash or cash equivalents submitted by the group contract holder (employer), accepted by the Company, and recorded as payment against a group insurance benefit listed on a bill issued by the Company.

Group Policy: The master policy contract with the employer, association or board of trustees as the case may be and not the **individual** certificates issued thereunder to the employees or members, as the case may be.

Inforce Premium: Calculated as the sum of premiums, due from policyholders, on policies which are in effect.

NBOC (New Business on Old Contracts) Premiums: Premium generated by an amendment made to a policy after that policy's original effective date, which: a) extends coverage to employees of affiliated or subsidiary companies or groups not previously insured by the Company; b) covers classes of employees or members not insured by the Company on such effective date; c) increases or modifies the insurance provided by the schedule of insurance in the policy then in effect; or d) adds any insurance coverage not included on the effective date, as determined by the Company at the time of change.

New Net Annualized IDI Premium: The Sum of the first year modal IDI Commissionable Premiums multiplied by the number of modals in the policy year less any unearned premium due to terminations during the Production Year.

New Net Annualized ILTC Premium: The sum of the first year modal ILTC Commissionable Premiums multiplied by the number of modals in the policy year less any unearned premium due to terminations during the Production Year.

Policy or Participation Year: Any period of twelve (12) consecutive months terminating on an anniversary of the effective date of the policy.

Production Year: A twelve-month period of time between January 1 and December 31 inclusive.

SUPPLEMENTAL COMMISSIONS SCHEDULE for Brokers –All Lines of Business*

EFFECTIVE DATE of SCHEDULE: January 1, 2019 or Effective Date of Your Contract/Agreement (whichever is later). In accordance with the Compensation section of Your Contract/Agreement (hereinafter referred to as Contract), this schedule is hereby adopted as part of that Contract and replaces all prior supplemental compensation schedules and Contract amendments for business written on or after the effective date of this Supplemental Commissions Schedule.

*All rates are subject to product state approval and commissions will be paid to You in accordance with the Company's then current policies and procedures.

GROUP SUPPLEMENTAL COMMISSIONS

The following Group products are eligible:

Long Term Disability (LTD) - includes Traditional, Flex, Reduced Participation and Voluntary	Life / AD&D - includes Traditional, Flex and Voluntary	Short Term Disability (STD) - includes Traditional, Flex, Reduced Participation, Voluntary and NY Disability Benefits Law (DBL) and NJ Temporary Disability Benefits (TDB)
Select Income Protection, Select Short Term Income Protection, Educator Select Income Protection and Educator Select Short Term Income Protection	Benefit Advantage: small business employee benefits, 2-9 lives	Group Universal Life (GUL)
Group Critical Illness (GCI)* Employer paid plans	Group Critical Illness (GCI)* Employee paid plans with Step rates	Attained Age Critical Illness (AACI)*
Stop Loss	Dental*	Vision*
Group Hospital Indemnity (GHI)* ¹ Employer paid plans		

*Not applicable in some states. Subject to state approval where required.

¹ Not applicable in New York

The following products are excluded from Group Supplemental Commissions: 1) Unum America/Commercial Life Group Association Business, 2) Ancillary products, such as "FMLA" and "WorkRx."

In order to qualify for the 2019 Group Supplemental Commissions program, You must meet the following qualification requirements between October 1, 2017 and September 30, 2018:

Qualification Requirements		
\$25,000 Group New Sales premium AND 3 new Group coverages	OR	\$100,000 Group New Sales premium

Tier levels effective January 1, 2019 are based on total Group and Voluntary Benefits (VB) Inforce Premium or Group Inforce Coverage Credits as of September 30, 2018. Payment is equal to the tier level percentage multiplied by Group Products first year (New Sales premium) and Renewal commissionable premiums received by the Company. VB Products first year and renewal premium is excluded from the Group Supplemental Commissions payment calculation.

Group and VB Inforce Premium		Group Inforce Coverage Credits	Tier Levels	New Sales Premium Payment Rate	Renewal Premium Payment Rate
\$15,000,000 and Greater	Or	300 and Greater	1	5.00%	2.00%
\$10,000,000 - \$14,999,999		200 - 299	2	4.00%	1.75%
\$5,000,000 - \$9,999,999		100 - 199	3	2.50%	1.25%
\$2,000,000 - \$4,999,999		40 - 99	4	2.00%	0.75%
Less than \$2,000,000	And	Less than 40	None	0%	0%

- Stop loss coverage excluded from tier level determination and paid at 50% of earned premium.
- The calculation and payment of Supplemental Commissions will be determined by the Company in accordance with its then current Rules and Practices.
- The New Sales Premium Payment Rate payable on a policy is the New Sales Premium Payment Rate in effect in the calendar year in which the policy is written and You become effective on the policy.
- For Group Net of Commission policies submitted on or after 6/1/2005, the associated premium and coverages will not apply for tier level determination or payment, unless prior proper written authorization is received from Your client and provided to the Company.
- Benefit Advantage products (which replaced mini-plans) count as one-third of a coverage credit towards tier level determination. Benefit Advantage products premium is included for both tier level determination and payment purposes.
- Administrative Services Only (ASO) cases count as one coverage credit towards tier level determination. ASO fees count towards tier level determination and are excluded from payment.
- Group Long Term Care (GLTC) cases count as one coverage credit towards tier level determination. GLTC premium counts towards tier level determination and is excluded from payment.
- Premiums and payments associated with reserve buyout or transfer arrangements and retiree life reserves buyout arrangements are excluded from qualification and payment under the Group Supplemental Commissions program.
- Premiums from policies structured to support captive arrangements are excluded from qualification and payment under the Group Supplemental Commissions program;
- Supplemental premiums or payments due to Unum upon termination of alternate funding arrangements are excluded from qualification and payment under the Group Supplemental Commissions program.
- The new sales premium payment rate will be applied on a maximum of five (5) million dollars of received and earned premium per Group coverage per year. Renewal premium payment rate will not be applied until the policy enters its renewal year.
- The renewal premium payment rate will be applied on a maximum of ten (10) million dollars of received and earned premium per Group coverage per year.
- The Rules for Broker of Record changes shall apply to Group Supplemental Commissions in accordance with the Company's then current Rules and Practices.
- Replaced or rewritten policies will calculate at the Renewal premium payment rate.

VOLUNTARY BENEFITS SUPPLEMENTAL COMMISSIONS

The following products are eligible:

Voluntary Individual Universal Life (UL)	Accident Insurance	Whole Life
MedSupport	10/10/Yearly Renewable Term Life	Cancer Insurance
Individual Short Term Disability	Specified Critical Illness	Group Critical Illness (GCI) ¹ Employee paid plans with Issue Age rates
Group Accident (GA) ² plans with Composite rates	Group Hospital Indemnity (GHI) ³ Employee paid plans with Issue Age or Composite rates	

^{1,2,3} Not applicable in all states. Subject to state approval where required.

First Unum VB Universal Life and VB Whole Life products are excluded from qualification and payment.

Tier levels effective January 1, 2019 are based on total premiums (based on the eligible products above) that You sold or had inforce with Unum as of September 30, 2018. Payment is equal to Your applicable tier level percentage multiplied by the first-year New Sales commissionable premium received by the Company for the eligible products above.

You must meet the minimum New Sales Premium or Inforce Premium requirements as of September 30, 2018 to be eligible for payment.

VB, GCI, GA and GHI New Sales Premium		VB, GCI, GA and GHI Inforce Premium	Tier Level	First Year Payment Rate
\$10,000,000 and greater	Or	\$25,000,000 and greater	1	11.5%
\$2,000,000 - \$9,999,999		\$10,000,000 - \$24,999,999	2	9%
\$500,000 - \$1,999,999		\$2,000,000 - \$9,999,999	3	6%
\$200,000 - \$499,999		\$1,000,000 - \$1,999,999	4	3%
Less than \$200,000	And	Less than \$1,000,000	None	0%

Persistency Multiplier

- A persistency multiplier will be applied if You qualify for the 2019 VB Supplemental Compensation Program and have at least \$1,000,000 of inforce VB business as of September 30, 2018.
- Persistency was measured from October 1, 2017 through September 30, 2018 and the result is used to determine the multiplier.
- The final VB Supplemental Commission payment rate will reflect the first year payment rate corresponding to the tier level earned in the VB supplemental program multiplied by the persistency multiplier.

2019 persistency multiplier chart	
Inforce persistency level as of 09/30/2018	2019 persistency multiplier
84%+	120%
80%–83.9%	110%
76%–79.9%	100%
72%–75.9%	95%
<72%	90%

The calculation and payment of Voluntary Benefits Supplemental Commissions will be determined by the Company in accordance with its then current Rules and Practices.

- For Net of Commission Policies, the associated premium and coverages will not apply for tier level determination or payment, unless proper written authorization is received from Your client and provided to the Company.
- Premiums and payments associated with reserve buyout or transfer arrangements are excluded from qualification and payment under the Voluntary Benefits Supplemental Commissions program.
- Premiums from policies structured to support captive arrangements are excluded from qualification and payment under the Voluntary Benefits Supplemental Commissions program;
- Supplemental premiums or payments due to Unum upon termination of alternate funding arrangements are excluded from qualification and payment under the Voluntary Benefits Supplemental Commissions program.
- For replacements of Voluntary Individual Critical Illness, Accident and Hospital Indemnity products with employee paid Group Critical Illness, Group Accident or Group Hospital Indemnity, no Supplemental commissions will be paid.

INDIVIDUAL DISABILITY INSURANCE - New Business Supplemental Compensation

The following Individual Disability Insurance products are eligible:

Individual Disability Insurance (IDI)	
Additional Income Benefit (AIB)	Guarantee Coverage Increase (GCI)
Future Income Option (FIO)	Updates
Step Rates	Indexing

Indexing, FIOs, and Step Rate premiums exercised on Unum policies with an original policy application date prior to 1/1/2000 are excluded from both qualification and payment

Qualification and Payment levels effective January 1, 2019 are based on total New Net Paid Annualized IDI Premium. Payment is equal to the New Business Payment Rate multiplied by IDI First Year Paid Commissionable Premium received by the Company. You must meet the minimum IDI New Net Paid Annualized Premium threshold to be eligible for payment.

Qualification and Payment are as follows: ¹

New Net Paid Annualized Individual Disability Premium	Qualification Level	New Business Payment Rate
\$ 90,000 and greater	1	20%
\$ 60,000-\$89,999	2	15%
\$ 30,000-\$59,999	3	10%
\$ 15,000-\$29,999	4	5%
Less than \$15,000	None	0%

¹ The calculation and payment of New Business Compensation will be determined by the Company in accordance with its then current Rules and Practices.

INDIVIDUAL DISABILITY INSURANCE - Inforce Business Supplemental Compensation

The following Individual products are eligible:

Individual Disability Insurance (IDI)	
475 Accident Income Recovery premium is included for qualification but excluded from payment	Provident IDI premium on policies placed prior to January 1, 1987 is included for qualification but excluded from payment

Qualification and Payment are as follows:¹

New Net Paid Annualized Individual Disability Premium	Payment Percentages based on Inforce Individual Disability Premium (as of the end of the prior calendar year)		
	At least \$ 200,000	At least \$ 750,000	At least \$ 1,250,000
\$ 175,000 and greater	2%	3%	5%
\$ 90,000-174,999	1.5%	2%	3%
\$ 60,000-\$89,999	1%	1.5%	2%
Less than \$60,000	0%	0%	0%

¹ The calculation and payment of Inforce Business Compensation will be determined by the Company in accordance with its then current Rules and Practices.

The Inforce Business Compensation for Individual Disability Products is calculated and paid on an annual basis. Payment is equal to the qualification percentage multiplied by Individual Disability Products collected renewal premium during the current Production Year. To be eligible for the Individual Inforce Business Compensation, You must meet the minimum eligibility requirement of \$200,000 of Inforce IDI premium as of the end of the prior Production Year.

GENERAL PROVISIONS:

Applicable Schedule: Application of compensation schedules is subject to the Company's administrative procedures that determine which Supplemental Commissions Schedule is applicable to Your contract.

Changes: The Company reserves the right to change, modify, alter, or revise any level or threshold requirement in the Supplemental Commissions Schedules for any future qualification period.

First Unum Business: This schedule excludes all First Unum business, including business administered by Colonial Life & Accident Insurance Company.

Minimum IDI Supplemental Commissions Payment: If Your total current and accumulated IDI Supplemental Commissions is less than the minimum check threshold, Your payment may be accumulated until such compensation equals or exceeds the minimum threshold that is determined by the Company in accordance with its then current Rules and Practices before being paid to You.

Payments: Supplemental Commissions on temporary flat extra premiums, waived premium, forgiven premium, discontinued/suspended premiums, internal rollovers, policy or administrative fees, or on the amount of permanent table-rated or percentage-rated premiums will be payable only as provided in the Company's then current Rules and Practices.

Policies with issue ages 65 and above: For policies with issue ages 65 and above, Supplemental Commissions payments will be determined by the Company in accordance with its then current Rules and Practices.

Products: The Company reserves the right to withdraw products or product lines from any and all jurisdictions at any time. The Company may introduce new products from time to time and Supplemental Commissions payments on such products will be established at the time of product introduction that may differ from rates published in this schedule.

Separate Schedule: Notwithstanding anything in this schedule to the contrary, premiums received for Voluntary Benefits life insurance products issued by the Company on applications written by You or in Your name in the state of New York are excluded from qualification and payment under the New Business Compensation or Inforce Business Compensation.

Supplemental Commissions Exclusions: Not all products are eligible for both qualification and payment on Supplemental Commissions. These exclusions will be administered according to the Company's current Rules and Practices.

DEFINITIONS of terms used herein:

Collected Renewal Premium: Premium received from the policyholder in policy years two plus and recorded as paid by the Company.

Commissionable Premium:

- IDI: commissionable premium is equal to gross premium minus policy fees and premium rated in excess of 30%.
- Group: commissionable premium is equal to premium received.
- VB: commissionable premium is equal to premium received.

First Year Paid Commissionable Premium: Commissionable premium recorded as paid by the Company in the first policy year.

Group Inforce Coverage Credits: Credit given for each line of coverage for eligible Group products.

Group Paid Premium: Cash or cash equivalents submitted by the group contract holder (employer), accepted by the Company, and recorded as payment against a group insurance benefit listed on a bill issued by the Company.

Net of Commission Policies: Group policies and coverages where the base commission rate equals 0%.

New Net Paid Annualized Premium: The product of the first year modal Commissionable Premiums, from products sold, multiplied by the number of modals in the policy year less any unearned premium due to first policy year terminations during the production year.

Production Year: A twelve-month period of time between January 1 and December 31 inclusive.