



Broker compensation program 2024



Partner with a trusted industry leader

At Unum, we're here to support your business by developing client relationships that last.

From best-in-class employee benefits to committed service and enrollment solutions for every workplace, you can count on us to deliver results. Our 35 field offices nationwide provide a local connection to help build lasting relationships with you and your clients — and are backed by 10,000 employees from our home office support team.

We carry a strong financial foundation and stable outlook for 2024, offering modern solutions you and your clients can depend on:

- Benefits and services that work together for businesses of any size
- Online onboarding, administration, enrollment and claims processes
- Education and enrollment solutions for employees

You'll find more information regarding our base and supplemental commissions in this brochure. As always, we encourage you to share compensation information with your clients.

This brochure outlines our 2024 Broker Compensation Program and is intended for our brokers only. It is not designed as a means for informing customers of our broker compensation rates or practices on specific cases, quotes or sales. This brochure should be used for illustrative purposes only and is not intended to replace or supplement your broker contract.



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Base commissions: Group

PAYMENT

In addition to the commission scales shown below, standard base commissions will include an additional one-time payment of \$200 for each eligible new line of Group STD, LTD and Life with 10 lives or greater.

Product	Annualized premium/ Commission year	Commission rate
LTD, ¹ Employer-Paid Group Critical Illness ² and Employer-Paid Group Hospital Indemnity ³ (Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company)	First \$15,000	15%
	Next \$10,000	10%
	Next \$25,000	5%
	\$50,000+	1%
Life with AD&D ⁴ , STD ⁵ , and Paid Leave	First \$15,000	10%
	Next \$10,000	7%
	Next \$25,000	5%
	Next \$50,000	1%
	\$100,000+	0.5%
Voluntary Life with AD&D	All Years	15%
Simply Unum (SU) Voluntary STD and LTD and Select Products ⁶	All Years	15%
Dental ⁷ and Employer-Paid Vision ⁸	All Years	10%
Voluntary Vision ⁹	All Years	12%
Group Whole Life ¹⁰	First Year	90%
	Years 2–10	5%
	Years 11+	2.5%
	or	
	All Years	25%
Accident ¹¹ — Employee Paid with Composite Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)	First Year	55%
	Years 2–5	5%
	Years 6+	2.5%
	or	
	All Years	15%

Table continued on next page

1,4,5 Includes traditional, flex, employer and employee paid (single contract), voluntary reduced participation (non-Simply Unum) and Small Employer Offering.

2 For all states except MD and WA.

3 For all states except FL, IN, MN, NM, NY, OH and RI.

6 Except FL, where 10% applies.

7,8,9 Subject to state approval. See your Unum sales rep for Dental and Vision compensation information.

10 Subject to state approval.

11 For all states except CO, DE, FL, IN, MN, NH, NM, NY, ND, OH, TN, VT and WA.

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Product	Annualized premium/ Commission year	Commission rate	
Critical Illness ¹² — Employee Paid with Issue Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)	First Year	65%	
	Years 2–5	5%	
	Years 6+	2.5%	
	or		
	All Years	20%	
Critical Illness ¹³ (AACI) — Employee Paid with Attained Age Rates (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)	All Years	15%	
Hospital Indemnity ¹⁴ — Employee Paid (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)	First Year	50%	
	Years 2–5	5%	
	Years 6+	2.5%	
	or		
	All Years	15%	
Hospital Indemnity ¹⁵ — Employer Paid and Shared Funding (Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company)	All Years	15%	
Stop Loss ¹⁶	All Years	Determined at time of quote	
Long Term Care ¹⁷	All Years	20%	
Educator Select Income Protection Plan ¹⁸	All Years	15%	

12 For all states except CO, CT, DE, FL, IN, KY, MD, MN, NJ, NY, ND, OH, TN, VT and WA.

13 For all states except CO, CT, IN, MD, MN, NJ, NY and WA.

14 For all states except CO, DE, FL, IN, MD, MN, ND, NH, NM, NY, OH, RI, VT and WA.

15 For all states except CO, DE, FL, IN, MD, MN, NH, NM, NY, ND, OH, RI, VT and WA.

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

17 Except PA, where 10% applies and FL where 15% applies.

18 Except FL, where 10% applies.

GENERAL AGENT COMPENSATION

Eligible products include

- Group Long Term Disability Insurance (LTD)¹
- Group Short Term Disability Insurance (STD)¹
- Group Voluntary Life, Short Term Disability and Long Term Disability Insurance¹
- Group Life / Accidental Death & Dismemberment (AD&D) Insurance¹
- Group Dental Insurance²
- Group Voluntary and Employer-Paid Vision Insurance²
- Accident Insurance³
- Critical Illness Insurance³
- Hospital Insurance³
- Group Whole Life Insurance⁴

Payment

- Payment is equal to quoted percentage multiplied by eligible products first year (new sales) and renewal premium received by the company.
- Net of commission cases are excluded from payment.
- Payment goes to the general agent of record at the time premium is processed by the company.

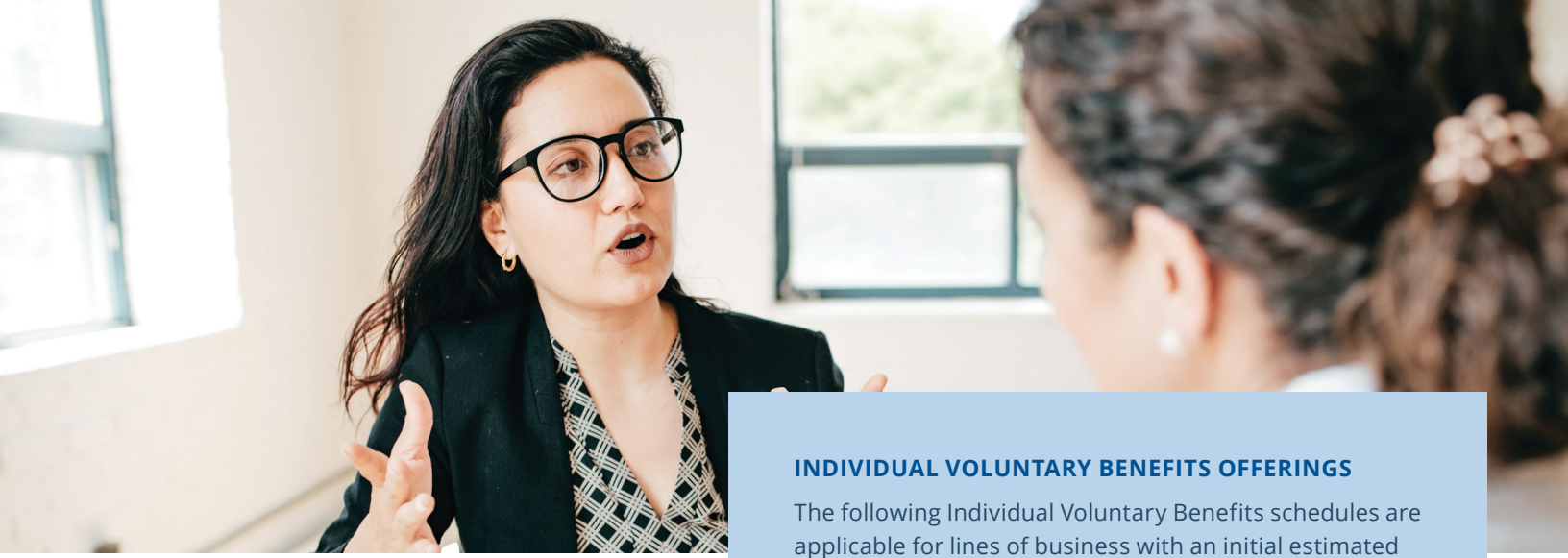
1 Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company
 2 Underwritten by Starmount Life Insurance Company or Provident Life and Casualty Insurance Company
 3 Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company
 4 Underwritten by Provident Life and Accident Insurance Company

A broker acting in the capacity of a general agent who has a signed general agent addendum¹ on file with Unum prior to the time of sale will be eligible to receive the following compensation payment:²

Case size	Payment rate
< 500 eligible lives	5%
> 500 eligible lives	Determined at time of quote ³

1 Addendum requirement is in addition to a signed Unum broker contract.
 2 For all states except NY and MA. See your Unum sales representative for additional info.
 3 Compensation other than the standard 5% set forth above is subject to further disclosure in accordance with the company's then-existing disclosure requirements.





Base commissions: Voluntary Benefits

INDIVIDUAL VOLUNTARY BENEFITS OFFERINGS

The following Individual Voluntary Benefits schedules are applicable for lines of business with an initial estimated premium¹ of less than \$5 million. For lines of business with an initial estimated premium greater than or equal to \$5 million, the commission rate will be determined at the time of quote.

High/low and flat equivalent schedules are not available for cases with less than 100 eligible lives.

Individual Voluntary Benefit commission rates

Product	High/low			Flat equivalent ²	<100 Eligible lives
	First year	Year 2-10	Years 11+		
Whole Life Insurance (WL) ²	85%	5%	2.5%	or ³	or
Voluntary Individual Life Insurance (VIUL) ²	90%	5%	2.5%		
Renewable Term Life Insurance	60%	5%	2.5%		
Individual Short Term Disability Insurance (iSTD) ⁴	60%	5%	2.5%		
Specified Critical Illness Insurance ⁵	70%	10%	10%		
Accident Insurance ⁶	65%	5%	2.5%		
MedSupport Insurance ⁷	60%	5%	2.5%		
Cancer Insurance (issue age 0-54) ⁸	70%	10%	10%		
Cancer Insurance (issue age 55+) ⁸	40%	10%	10%		
				All years	All years
				25%	
				21%	
				19%	
				20%	15%
				22%	
				22%	
				18%	
				22%	
				16%	

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

2 Flat equivalent commission option is subject to state approval where required.

3 Commissions will be paid to you at the rate(s) selected by you in accordance with the company's then-current policies and procedures.

4, 5, 7 For ISTD05, CIO5, and MedSupport policies with a coverage effective date based on application sign date, commissions will be paid at a 10-point rate reduction to the first-year high/low commission rate shown in the table to the left. See your Unum sales representative for broker compensation information on iSTD policies in the state of NH, Specified Critical Illness policies in the states of FL and OR, and MedSupport policies in the states of OR and SD.

6 For Accident Insurance policies with a coverage effective date based on application sign date, commissions will be paid at a five-point reduction to the first-year high/low commission rate shown in the table to the left. For the states of CO and NH, see your Unum sales representative for broker compensation information.

8 For Cancer Insurance policies in the states of FL, MD, NH, SD, WA, and WY, see your Unum sales representative for broker compensation information.



GROUP VOLUNTARY BENEFITS OFFERINGS

Replacements of Voluntary Individual Critical Illness, Accident and Hospital Indemnity products with one of the Group Voluntary Benefits products listed below will be paid at the applicable standard, state-specific base commission rates for years 2+.

The following Group Voluntary Benefits schedules are applicable for lines of business with an initial

estimated premium¹ of less than \$5 million. For lines of business with an initial estimated premium greater than or equal to \$5 million, the commission rate will be determined at the time of the quote.

High/low schedules and flat equivalent schedules of 15% or greater are not available for cases with less than 100 eligible lives.

Group Voluntary Benefits commission rates²

Product	Funding/rating method	High/low	Flat equivalent ²	<100 Eligible lives
Group Critical Illness (GCI) ^{3*}	Employee-Paid with Issue-Age rates	First year: 70% Years 2-10: 10% Years 11+: 2.5%	22%	15%
Group Critical Illness (GCI) ^{3*}	Employee-Paid with Step Rates	Not available	15%	15%
Group Accident (GACC) ^{4*}	Employee-Paid with Composite Rates	First year: 60% Years 2-5: 5% Years 6+: 2.5%	20%	20%
Group Hospital Indemnity (GHI) ^{5*}	Employee-Paid with Issue-Age Rates	First year: 50% Years 2-5: 5% Years 6+: 2.5%	15%	15%
Group Hospital Indemnity (GHI) ^{5*}	Employee-Paid with Composite Rates	Not available	15%	15%

*Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company.

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

² Commissions will be paid to you at the rate(s) selected by you in accordance with the company's then-current policies and procedures.

³ For all states except FL, MD, MN, NY and WA. See your Unum sales representative for broker compensation information in these states.

⁴ For all states except CO, FL, MD, MN, ND, NH, NY and WA. See your Unum sales representative for broker compensation information in states.

⁵ For all states except CO, FL, IN, MD, MN, ND, NM, NY, OH, RI and WA. See your Unum sales representative for broker compensation information in these states.



Base commissions: Individual

INDIVIDUAL DISABILITY INSURANCE (IDI)

Underwritten by Provident Life & Accident or Provident Casualty:

Product	First-year commission rate	Years 2-5	Years 6-10	Service fees years 11+
Individual Disability Insurance (IDI) — excludes employee-paid plans	50%	5%	2.5%	1%
Multi-life discount	30%	5%	2.5%	1%
	25%	2.5%	2.5%	1%
	20%	2.5%	0%	1%
851 Guaranteed Renewable (GR) — 3-9 lives	15%			5%
851 Guaranteed Renewable (GR) — 10+ lives	20%			5%

Underwritten by Paul Revere Life or Unum America:

Product	First-year commission rate	Years 2-5	Years 6-10	Service fees years 11+
Individual Disability Insurance (IDI)	50%	5%	2.5%	2%
Multi-life discount	30%	5%	2.5%	
	25%	3.5%	1%	
	20%	2.5%	0%	

INDIVIDUAL DISABILITY INSURANCE (IDI) — ADDITIONAL RENEWALS

Product	Annualized new premium	Years 2-5	Years 6-10	Service fees years 11+
Individual Disability Insurance (IDI)	\$1-\$19,999	0%	0%	0%
	\$20,000-\$59,000	5%	2.5%	0%
	\$60,000-\$79,000	10%	7.5%	2%
	\$80,000+	12.5%	10%	3%

INDIVIDUAL LONG TERM CARE INSURANCE (ILTC)

Product	First-year commission rate	Annualized new premium	Years 2-5	Years 6-10	Service fees years 11+
Individual Long Term Care Insurance (ILTC) ¹	Age < 75: 50% Age ≥ 75: 40%	\$1-\$9,999	5%	5%	2%
		\$10,000-\$19,999	7.5%	5%	2%
		\$20,000-\$39,999	7.5%	7.5%	5%
		\$40,000+	10%	10%	5%

¹ For the states of DE, IN, MI and WI, see your Unum sales representative for ILTC compensation information. For premiums paid on policies with an accelerated payment option (APO) rider, commission will be paid as follows:
 One-pay: Fifteen percent (15%) of standard commission percentages in the table above
 Five-pay: Thirty percent (30%) of standard commission percentages in the table above
 Ten-pay and to age 65: Sixty percent (60%) of standard commission percentages in the table above
 ILTC included only as part of Lifetime Continuation or Long Term Care Exchange from Customax, LDP, Income Series or California Income Series individual disability policies.



Supplemental commissions: Group

ELIGIBLE PRODUCTS

- Long Term Disability Insurance (LTD)
- Short Term Disability Insurance (STD)
- Group Voluntary Life, Short Term Disability Insurance and Long Term Disability Insurance
- Life/AD&D Insurance¹
- Flex products
- Reduced Participation products
- Benefit Advantage/Small Employer Offering, 2-9 lives
- Voluntary and Employer-Paid Vision
- Dental
- Group Whole Life
- Accident — Employee-Paid with Composite Rates*
- Critical Illness — Employee-Paid with Issue-Age Rates*
- Critical Illness — Employee-Paid with Attained-Age Rates*
- Group Critical Illness — Employer-Paid**
- Hospital Indemnity — Employee-Paid*
- Hospital Indemnity — Shared Funding*
- Hospital Indemnity — Employer-Paid*
- Group Hospital Indemnity (GHI) — Employer-Paid**
- Stop Loss

¹ Includes employee- and employer-paid (single contract).

*Underwritten by Unum Insurance Company or Provident Life and Casualty Insurance Company

**Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company

Group supplemental commissions are paid as a percentage of premium received by the company.

In order to qualify for the 2024 Group Supplemental Commissions program,¹ you must meet the following requirements between October 1, 2022 and September 30, 2023.

Qualification requirements		
\$25,000 group new sales premium and 3 new group coverages	or	\$100,000 group new sales premium

GROUP SUPPLEMENTAL COMMISSIONS CHART

Group* and Voluntary Benefits inforce premium		Group inforce coverage credits	Tier level	New sales premium payment rate	Renewal premium payment rate
>\$15,000,000	or	>300	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%
<\$2,000,000	and	<40	none	0%	0%

* For the states of DE, IN, MI and WI, see your Unum sales representative for ILTC compensation information. For premiums paid on policies with an accelerated payment option (APO) rider, commission will be paid as follows.

PAYMENT

- Tier levels, effective January 1, 2024, are based on total Group and Voluntary Benefits inforce premium or Group inforce coverage credits as of September 30, 2023.
- 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.
- Voluntary Benefits first year and renewal premiums are excluded from the group supplemental commissions payment calculation.
- Benefit Advantage/Small Employer Offering products will count as one-third of a coverage credit per line of coverage toward tier level determination.
- Premiums for Benefit Advantage/Small Employer Offering products will be included for tier level determination and payment.
- Premiums for Stop Loss policies are excluded from tier level qualification but paid at 50% for first year and renewal premiums received by the company.
- ASO fees will count toward the inforce premium used in tier level determination but will be excluded from tier level payments. ASO coverage credit will also count toward tier level determination.
- Reserve buy-out disability and retiree life reserves are excluded from tier level qualification and payment.
- Premiums from policies structured to support captive arrangements are excluded from tier level qualification and payment.
- 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 \$5,000,000 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 \$10,000,000 of received and earned premium per group coverage per year.

¹ 2024 Group Supplemental Commissions program is subject to state approval where required.

Supplemental commissions: Voluntary Benefits

Voluntary Benefits supplemental commissions are paid as a percentage of Voluntary Benefits first year premiums received by the company.

ELIGIBLE PRODUCTS INCLUDE:

- Group Critical Illness (GCI) — issue-age rated*
- Group Critical Illness (GCI) — employee-paid with step rates*
- Group Accident*
- Group Hospital Indemnity — employee-paid*
- Voluntary Individual Universal Life Insurance (VIUL)
- Whole Life Insurance (WL)
- Renewable Term Life Insurance
- Individual Short Term Disability Insurance (iSTD)
- Individual Specified Critical Illness Insurance
- Individual Accident Insurance
- Cancer Insurance

* Underwritten by Unum Life Insurance Company of America or First Unum Life Insurance Company



PREMIUM QUALIFICATION

Tier levels will be determined for the 2024 calendar year based on the total dollar amount of all VB premiums the broker sold or had inforce as of September 30, 2023.

VB supplemental commissions chart:

New Voluntary Benefits sales premium		Voluntary Benefits inforce premium	Tier level	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 QUALIFICATION

- A persistency multiplier will be applied to all brokers and enrollment firms that qualify for the 2024 VB Supplemental Compensation Program and have at least \$1,000,000 of inforce VB business as of September 30, 2023.
- Persistency will be measured for the 12 months prior to that date, and the result will be used to calculate the multiplier.
- The calculated multiplier percentage will be applied to the VB Supplemental Compensation rate determined by premium qualification to determine the final VB Supplemental Compensation payment rate.

2024 persistency multiplier chart

12 months inforce persistency as of 09/30/2023	2024 persistency multiplier
84%+	120%
80%-83.9%	110%
76%-79.9%	100%
72%-75.9%	95%
<72%	90%

PAYMENT

- Voluntary Benefits supplemental commissions are paid as a percentage of Voluntary Benefits first year premium received by the company.
- Payments on Group Voluntary Benefits products are calculated as a percentage of first year (non-annualized) Group Voluntary Benefits commissionable premiums received by the company.
- Products covered under the Group Supplemental Program are not eligible for payment or qualification under this program.
- For replacements of Voluntary Individual Critical Illness, Accident and Hospital Indemnity products with employee-paid GCI, GA and GHI plans with issue-age rates and composite rates, no Voluntary Benefits supplemental commissions will be paid.



Supplemental commissions: Individual

NEW BUSINESS

New business compensation payments on individual products are a percentage of the new net paid annualized individual premium. Payments are retroactive to January 1, 2024, and there are no payment caps.

Eligible products include

- Individual Disability Insurance (IDI)
- IDI with multi-life discount

INFORCE BUSINESS

Eligible products

Individual Disability Insurance (IDI) — Provident IDI policies placed prior to January 1, 1987, are included for eligibility and qualification but excluded from payment.

Payment

Individual Disability Insurance (IDI) — the payment percentage multiplied by qualified IDI renewal collected commissionable premium received during the production year

Individual schedule

Minimum eligibility: \$250,000 of inforce Individual Disability products premium

New business commissions chart

New net paid annualized Individual Disability	Qualification level	New business payment rate
\$100,000 and greater	1	20%
\$80,000–\$99,999	2	15%
\$60,000–\$79,999	3	10%
\$20,000–\$59,999	4	5%
Less than \$20,000	None	0%

Inforce business commissions chart

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 \$250,000	At least \$1,000,000	At least \$1,750,000
\$250,000 and greater	2%	3%	5%
\$125,000–\$249,999	1.5%	2%	3%
\$60,000–\$124,999	1%	1.5%	2%
Less than \$60,000	0%	0%	0%

Program information

COMPLIANCE HELPS PROTECT YOU

As we prepare for another productive partnership year, this is a good time to review your broker contract to make sure you are up to date on the following important points.

Please remember that

Unum is responsible for all advertising and marketing material that references our products. Our pre-approved forms contain detailed and accurate product information and also satisfy legal and regulatory requirements. This material is available to you at login.unum.com. If you need to create your own marketing materials, you must submit them through your Unum representative for our approval before you distribute them.

When marketing Unum products, you and your representatives must have the necessary state licenses and appointments with Unum companies. To become appointed with Unum, log on to unum.com/brokers/get-appointed, and complete the online application.



At Unum, it's important to us that our customers truly understand the benefits they are buying and how each one protects against a certain type of risk. We are always available to help you learn more about our products and services, and we can provide additional training materials to meet your needs.





PAYMENT SCHEDULE INFORMATION

Our standard practice is to deliver compensation payments and statements directly to qualifying brokers on a biweekly basis. The compensation payments for the programs listed below are excluded from the standard delivery cycle. For these programs, compensation payments and statements will be sent to qualifying brokers via their preferred delivery method on the following dates.

INDIVIDUAL DISABILITY (IDI)

New Business Supplemental Compensation

1st Quarter — 04/30/2024

2nd Quarter — 07/31/2024

3rd Quarter — 10/31/2024

4th Quarter — 02/28/2025

Inforce Business Compensation

Individual 02/28/2025



If you have questions about any of our compensation programs, please call Ask Unum or your Unum sales representative.

PHONE: 1-800-ASK-UNUM

FAX: 1-423-209-3729

EMAIL: AskUnum@unum.com

For sales partner services, visit unum.com/salespartners.



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The compensation program outlined in this brochure is subject to change. This brochure is not to be construed as a contract between you and Unum. Please refer to your broker contract and compensation schedules for specific details. Unum reserves the right to alter the compensation program at any time, subject to contract limitations. Insurance products are underwritten by the subsidiaries of Unum Group.

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