

Standard commission schedule/New York

Lincoln Financial Group employee benefits products

Lincoln Financial Group is pleased to present the standard commission schedule for employer-paid, contributory, and employee-paid benefit products.

All commissions on premium are payable on the first and renewal policy years.

Employer-paid and contributory plans

Term life with AD&D, short-term disability		
Annual premium per case		Commission on premium
On the first	\$2,000	15.00%
On the next	\$3,000	12.00%
On the next	\$5,000	11.00%
On the next	\$5,000	8.00%
On the next	\$5,000	7.00%
On the next	\$5,000	6.00%
On the next	\$5,000	5.00%
On the next	\$20,000	2.00%
On the next	\$50,000	1.50%
On the next	\$50,000	1.00%
On the next	\$350,000	0.75%
On premium over	\$500,000	0.50%

Long-term disability		
Annual premium per case		Commission on premium
On the first	\$15,000	15.00%
On the next	\$10,000	10.00%
On the next	\$25,000	5.00%
On the next	\$50,000	1.00%
On premium over	\$100,000	0.50%

Dental		
Annual premium per case		Commission on premium
On the first	\$10,000	10.00%
On the next	\$10,000	8.00%
On the next	\$10,000	4.00%
On the next	\$20,000	2.00%
On the next	\$50,000	1.50%
On the next	\$150,000	0.25%
On the next	\$250,000	0.15%
On premium over	\$500,000	0.15%

Vision (fully insured)	
Commission on premium	
Level 10%	

Noninsurance programs

Other programs	
	Commission on fees
Employee Assistance Program (EmployeeConnect Plus)	5.00%



Employee-paid plans

All commissions on premium are payable on the first and renewal policy years.

Coverages		
Product	Commission on premium	
Term life/AD&D	Level 15%	
Short-term disability	Level 15%	
Long-term disability	Level 15%	
Dental	Level 10% for under 1,000 lives; Level 5% for 1,000+ lives	
Accident	Level 15%, Heaped: 50% first year/2.5% renewal years	
Critical illness	Level 10% at attained age, Flat 8% at issued age, Heaped (attained age): 55% first year/5% renewal years, Heaped (issue age): 45% first year/3% renewal years	
Vision (fully insured)	Level 10%	

Statutory plans

All commissions on premium are payable on the first and renewal policy years.

New York	Paid Fami	ily Leave*
Annual premiun	n per case	Commission on premium
On the first	\$1,000	15.00%
On the next	\$1,500	12.00%
On the next	\$2,500	11.00%
On the next	\$2,500	8.00%
On the next	\$2,500	7.00%
On the next	\$2,500	6.00%
On the next	\$2,500	5.00%
On the next	\$10,000	2.00%
On the next	\$25,000	1.50%
On the next	\$25,000	1.00%
On the next	\$175,000	0.80%
On premium over	\$250,000	0.50%

New York Disability Benefit Law*		
Annual premium per case		Commission on premium
On the first	\$1,000	15.00%
On the next	\$1,500	12.00%
On the next	\$2,500	11.00%
On the next	\$2,500	8.00%
On the next	\$2,500	7.00%
On the next	\$2,500	6.00%
On the next	\$2,500	5.00%
On the next	\$10,000	2.00%
On the next	\$25,000	1.50%
On the next	\$25,000	1.00%
On the next	\$175,000	0.80%
On premium over	\$250,000	0.50%

^{*}All statutory product commissions are payable only to those licensed in the state of New York.

The payment of any commission for a sold plan or case is subject to Lincoln Life & Annuity Company of New York Group Broker's Single Case Compensation Agreement ("SCCA") that sets forth the specific compensation and related terms and conditions. The payment of any commission is subject to the terms and conditions of the applicable SCCA. If there is any discrepancy between this Standard Commission Schedule and a SCCA, the applicable SCCA shall govern.

Commissions are only paid to producers who are licensed to do business in the state of New York and appointed by Lincoln Life & Annuity Company of New York, Syracuse, NY.

Employee assistance services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. Vision coverage is provided by or through UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services are provided by Spectera, Inc., UnitedHealthCare Services, Inc. or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in-force or discontinued. For costs and complete details of the coverage, contact *Lincoln VisionConnect*.

UnitedHealthcare Insurance Company is not a Lincoln Financial Group® company.

Insurance products (policy series GL1101, GL111, GL3001, GL11, GL401, GL501) are issued by Lincoln Life & Annuity Company of New York, a Lincoln Financial Group® company. Limitations and exclusions apply.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

©2019 Lincoln National Corporation

Lincoln Financial.com

LCN-2692098-081919 MAP 9/19 **Z06 Order code: GP-CMNY-FLI001**

