



## **BROKER COMPENSATION DISCLOSURE FORM**

The following constitutes United Benefit Solutions and J.A. Faccibene & Associates (the “Company”) disclosure of direct and indirect compensation the Company will receive or reasonably expects to receive for the period of 12/27/2021 through 12/31/2022 in connection with the below referenced services it provides to **CLIENT’S NAME** (the “Client” or “you”):

- Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

The Company does provide the above-referenced services to the Client in the capacity of a plan fiduciary.

The Company reasonably expects to receive direct compensation for the placement of the below lines of coverage in the form of either a per employee per month (“PEPM”) fee or a commission paid by the carrier or vendor, in the amount indicated below:

The attached schedule is subject to change as it is simply a reference.

## New York

| CARRIER                        | GROUP SIZE               | DETAILS   | COMMISSION RATE |
|--------------------------------|--------------------------|---|-----------------|
| Aetna                          | 1 to 100                 |   | \$20 PEPM       |
|                                | 101+                     |   | Up to 5.0%      |
| Cigna                          | 101+                     |   | Up to 6.0%      |
| Eagle HealthPlans              | 101+ FTE and 50 enrolled | Level-Funded, Self-Insured - Minimum Value Plan | \$30 PEPM       |
|                                | 101+ FTE and 50 enrolled | Level-Funded, Self-Insured - MEC Plan           | \$15 PEPM       |
| EmblemHealth                   | 1 to 100                 |   | 4.0%            |
|                                | 101+                     |   | Up to 6.0%      |
| Empire BlueCross<br>BlueShield | 1 to 100                 |   | 4.0%            |
|                                | 101+                     |   | Up to 6.0%      |
| Healthfirst                    | 1 to 100                 |   | 4.0%            |
| HealthPass                     | 1 to 100                 | EmblemHealth                                    | 4.0%            |
|                                | 1 to 100                 | Healthfirst                                     | 4.0%            |
|                                | 1 to 100                 | Oscar   | 4.0%            |
|                                | 1 to 100                 | Oxford  | 3.75%           |
| HIP                            | 101+                     |   | Up to 4.0%      |
| Medova Healthcare              | 101+                     | Lifestyle Health Plans                          | \$30 PEPM       |
|                                | 101+                     | MEC Plans                                       | \$8 PEPM        |
| Nippon Life Benefits           | 101+                     |   | 5.0%            |
| Oscar                          | 1 to 100                 |   | 4.0%            |
| UnitedHealthcare / Oxford      | 1 to 100                 |   | 3.75%           |
|                                | 101+                     |   | Up to 4.0%      |

## New Jersey

| CARRIER                          | GROUP SIZE | DETAILS  | COMMISSION RATE                             |
|----------------------------------|------------|--|---|
| <b>Aetna</b>                     | 2 to 4     | Aetna Funding Advantage  | \$50 PEPM                                   |
|                                  | 5 to 100   | Aetna Funding Advantage  | \$50 PEPM, can be changed at broker request |
|                                  | 51 to 100  | Fully-Insured  | 4.0%  |
|                                  | 101+       | Fully-Insured  | 4.0%  |
| <b>AmeriHealth NJ</b>            | 1 to 50    |  | 4.5% New / 4.0% Renewal                     |
|                                  | 51 to 100  |  | 4.5% New / 4.0% Renewal                     |
|                                  | 101+       |  | Negotiable                                  |
| <b>Cigna</b>                     | 2 to 250   |  | 5.0%  |
|                                  | 2 to 250   | Self-Insured   | Variable PEPM                               |
| <b>Eagle HealthPlans</b>         | 10+        | Level-Funded, Self-Insured - Minimum Value Plan                                    | \$30 PEPM                                   |
|                                  | 10+        | Level-Funded, Self-Insured - MEC Plan  | \$15 PEPM                                   |
| <b>Horizon BCBSNJ</b>            | 1 to 50    | 2021   | 4.25%                                       |
|                                  | 1 to 50    | 2022   | 4.10%                                       |
|                                  | 51 to 99   | 2021   | 5.0%  |
|                                  | 51 to 99   | 2022 - Existing business at renewal starting 2/1 and new business on or after 2/1. | 4.75%                                       |
|                                  | 100 - 499  |  | 3.5%  |
| <b>Medova Healthcare</b>         | 51+        |  | \$30 PEPM                                   |
| <b>Nippon Life Benefits</b>      | 51 to 300  |  | 5.0%  |
| <b>Oscar</b>                     | 2 to 50    |  | 4.0%  |
| <b>UnitedHealthcare / Oxford</b> | 2 to 100   | Oxford Level-Funded  | \$39 PEPM, standard can be negotiated       |
|                                  | 2 to 50    |  | \$54 PEPM                                   |
|                                  | 51 to 100  |  | 4.75%                                       |
|                                  | 101+       |  | 5.0%  |

**Other Compensation**

The company may earn additional compensation from any of the above referenced insurers, vendors or other third parties that cannot be calculated as of the time this disclosure is made to you, or prior to the date of the Company’s executed, extended, or renewed contract with you is effective. For example, the Company may receive additional compensation contingent upon certain conditions being met, including, but not limited to, profitability, growth, churn/retention, or the volume of services provided. Compensation may be in the form of additional commissions, bonuses, or benefits (“compensation”). Furthermore, we may receive corporate sponsorships for webinars, training, or other programming we provide for you and other clients, or for our own internal trainings. Whether we receive any of the above referenced compensation, or how much that compensation may be, cannot be discerned at this time.

Should you have any questions about any of the above information or require additional information, please do not hesitate to contact John Torres at [john@jafinsurance.com](mailto:john@jafinsurance.com) and (516)766-3513 ext. 106.

The above information is accurate to the best of my knowledge as of the date this disclosure is executed above.

\_\_\_\_\_ John Torres

Date: 12/1/2021

[Agency Representative Name]

I acknowledge that I received the above referenced Broker Disclosure form from the “Company”, and that I have read and understand the disclosures made. I understand that I can ask questions regarding the information included in this disclosure form at any time. Further, I understand that if I do not sign this acknowledgement within 15 business days from receipt, it will be deemed to be acknowledged and accepted by me.

\_\_\_\_\_

Date: \_\_\_\_\_, 202

Name

\_\_\_\_\_

Title

[Client Name]