

MEDICARE AGENT COMMISSION ASSIGNMENT AGREEMENT

_____ (“Assignor”) assigns and transfers to
_____ (“Assignee”) all rights, title, and
interest in and to all first year and renewal commissions and other compensation which accrues to
the Assignor with respect to commissions earned under the SelectHealth Agent Agreement, effective
____/____/____, and entered into between Assignor and SelectHealth.

This Assignment is made for the purpose of vesting in the Assignee absolute title to said commissions. Notwithstanding this Assignment, SelectHealth, its successors, and assigns, have the right to offset against Assignor’s commissions, any indebtedness of the Assignor which SelectHealth, its successors, and assigns, would have been authorized to deduct from or offset against if this Assignment had not been made. It is agreed and understood that this Assignment is for commission purposes only and recognizes that this transfer does not apply to the SelectHealth appointment or contract between the above stated parties.

SelectHealth, its successors, and assigns, are authorized and directed to pay any and all assigned commissions directly to the Assignee.

Assignor acknowledges that SelectHealth makes no representations regarding, and is not responsible for, the tax consequences, if any, of this Assignment. Assignor agrees to protect, defend, and indemnify and hold harmless SelectHealth and its officers, employees, staff, and attorneys from and against any and all liability, claims, demands, fines, causes of action, penalties, judgements, and damages, including court costs and attorney’s fees, and judgements in connection with or arising out of the actions or failure to act, that SelectHealth might be subject to as the result of honoring the Assignment contained in this document.

SelectHealth, its successors and assigns, may rely upon any receipt, release or waiver or any transfer or other instrument executed by the Assignee alone, purporting to affect this Assignment or any rights hereunder.

Executed at _____ **on this** _____ **day of** _____ **20** _____

By _____

Assignor

ASSIGNEE INFORMATION

Name _____ Tax ID# _____

Address _____

City _____ State _____ ZIP _____

Commissions Contact Person _____

Ph# (____) _____ E-mail Address _____

COMMISSION ASSIGNMENT ACKNOWLEDGED (TO BE COMPLETED BY SELECTHEALTH ONLY)

We are honoring this assignment as a service to you. You need to be aware the enforceability of this agreement in a court of law is between you and the party to whom commissions have been assigned. SelectHealth, therefore, assumes no responsibility for the validity or effect of any such assignment.

Signature _____ **Date** ____/____/____