



Commission Schedule			
*Paid level for the life of the plan			
Level	National Care Dental	National Care Vision	Careington

GA3	15%	15%	15%
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\_\_\_\_\_  
Signature of Independent Agent  
("Master Marketing Agent")

A handwritten signature in black ink, appearing to read "David E. Lindsey".

\_\_\_\_\_  
Innovative Health Insurance Partners

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
David E. Lindsey, CEO

\_\_\_\_\_  
Printed Name & Title

*All commissions will be paid when premiums are collected and applied to the policy. The commission rates set herein may be changed at the discretion of IHIP. IHIP's agreement to pay renewal commissions is contingent upon General Agent's adherence to the terms of the General Agent Agreement.*