



# Large Group Commission Rate Agreement

Agent Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Rate: \_\_\_\_\_%

I understand that the commission rate stated in this agreement will be paid to agent, or agent's assigned payee, based on the monthly paid and posted group premium from the effective date shown until the rate is either superseded by another Large Group commission rate agreement form or until the agent is given 30 days written notice by AvMed. All other terms and conditions of the AvMed Commercial Agent Agreement and AvMed's current and published Agent & Agency Incentive Program apply.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AvMed Manager or Director

\_\_\_\_\_  
Date