

VERIFICATION OF FEE ARRANGEMENT

Group Name: _____ **Number enrolled:** _____

I hereby certify that I am being compensated for the sale/renewal of the above group in the following manner:

- Commission paid by Regence BlueCross BlueShield of Utah
- Fee paid to me/my agency by the group
- Other _____

If you have indicated that you are being compensated by both commission paid by Regence BlueCross BlueShield of Utah **and** a fee paid to you or your agency by the group, have you or your agency disclosed this to the group in writing in advance of agreeing upon the fee that they will pay you?

- Yes
- No

Agent/Agency Name: _____

Signature: _____ **Date:** _____