



Reading Your Commission Statement

Sample commission statement displayed for training purposes

Commission type	Payee name	Payee type	Producer name	Producer type	Line of Business	State	Plan Name	Renewal	Policy ID	Member name	Commission	Effective date	Termination date	Payment month	Status details	Market	Application date
Commission	HealthFirst	BROKER_AGENCY	Joe Producer	BROKER	MA	FL	HFHP #1	TRUE	OSCxxxxxxxx-xx	Member A	10	1/1/2022	12/31/2022	January	N/A	Miami	11/23/2020
Override	HealthFirst	GENERAL_AGENCY	Jane Producer	BROKER	MA	FL	HFHP #2	TRUE	OSCxxxxxxxx-xx	Member B	10	1/1/2022	12/31/2022	January	N/A	Miami	11/20/2019
Commission	HealthFirst	BROKER_AGENCY	John Producer	BROKER	MA	FL	HFHP #3	TRUE	OSCxxxxxxxx-xx	Member C	10	1/1/2022	12/31/2022	January	N/A	Miami	12/7/2019
Override	HealthFirst	GENERAL_AGENCY	Jill Producer	BROKER	MA	FL	HFHP #4	TRUE	OSCxxxxxxxx-xx	Member D	10	1/1/2022	12/31/2022	January	N/A	Miami	8/17/2020

Balance = YTD Enrollment - YTD Amount Paid = \$40.00 - \$0.00 = \$40.0

Commission Type: Broker statements will only reflect commission payments; however General Agent statement may also include overrides for their downstream agents

Payee Name: The agent/agency receiving commissions

Payee Type*: Will either show 'Broker' or 'General Agency'

Producer Name: Name of the agent tied to the producer's National Producer Number (NPN)

Producer Type: Will always show 'Broker'

Line of Business: Separate statements provided for each line of business (IFP- Individual and Family and MA-Medicare Advantage)

State: The state business was conducted

Plan Name: Name of the plan the member is enrolled in

Renewal: True = renewal, False = new

Policy ID: Unique policy holder identification number

Member Name: Member's first and last name

Commission: Amount of commission or override being paid

Effective Date: Effective date of the policy

Termination Date: Expected termination date

Payment Month: The month this commission/override was earned

Status Detail: Will always show N/A

Market: Rating area of sold policy

Application Date: Date of the original application

*The term General Agent (GA) will be used in lieu of Field Marketing Organization (FMO)