



# How to Read Your Commission Statement

Please use the guide below which defines important information found on your Med-Supp Commission Statement.

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Health Net

**Go Green and get your deposit faster**  
Sign up for Direct Deposit today and get your commission checks 3-4 days faster.  
See application included in your packet.

Health Net IFP General Agent's Override  
Commission Statement  
For Period Ending 02/10/2016  
Broker Id: AXXXX  
BROKER NAME

02/16/2016  
Page : 1  
Tax ID Number: XXX-XX-XXXX

Member	EX	REF #	Billed Period	Group ID	Prd ID	Plan OED	C R %	SPL%	Total Premium Allocated this Period	Commissionable Premium	Non-Commissionable Premium	Previous Comm Paid	Comm Due
SMITH, NAME		RXXXXXXX	02/01/16	1XXXXX	AXX	06/01/12	3.00%	100%	\$215.00	\$215.00	\$0.00	\$0.00	\$6.45
<b>TOTAL DUES ALLOCATED THIS PERIOD:</b>									\$6,935.00				
<b>TOTAL COMMISSIONABLE DUES THIS PERIOD:</b>										\$6,935.00			
<b>TOTAL NON-COMMISSIONABLE DUES THIS PERIOD:</b>											\$0.00		
<b>TOTAL PREVIOUS COMMISSION PAID</b>												\$0.00	
<b>TOTAL COMMISSION PAID THIS PERIOD:</b>													\$208.05
<b>SSN COUNT THIS STATEMENT</b>													34
<b>T</b> Total Commission Paid This Period By Product:													
B63- MEDICARE SUPPLEMENT PLAN (G) NONSMOKING									\$8.22				
B61- MEDICARE SUPPLEMENT PLAN (F) GI NONSMOKING									\$134.16				
B61- MEDICARE SUPPLEMENT PLAN (F) NONSMOKING									\$35.73				
B62- MEDICARE SUPPLEMENT PLAN (F+) GI NONSMOKING									\$19.59				
B62- MEDICARE SUPPLEMENT PLAN (F+) NONSMOKING									\$10.35				
									\$208.05				

## Legend

- A Member:** Subscriber's middle, last and first name.
- B REF #:** Subscriber's HN internal reference ID #.
- C Billed Period:** Commission payment/adjustment for the respective billed period being reported.
- D Group ID:** Subscriber's group # for the plan the subscriber is being paid commissions on.
- E Prd ID:** Product ID, HN plan code.
- F Plan OED:** Original effective date of the subscriber's plan being reported.
- G C R%:** Commission rate percentage being applied to the commissionable premium to calculate the commission amount due.
- H SPL%:** Commission split percent being applied to the commissionable premium to calculate the commission amount due to the broker(s) when there is a split between two brokers for the member.
- I Total Premium Allocated this Period:** The premium amount applied for the member's bill period being reported. The premium amount is used to calculate the commission amount due based on the commission rate.
- J Commissionable Premium:** The commissionable premium amount that your commission is based on for this subscriber. Please note this amount is multiplied by the commission rate to equal your total commission due.
- K Non-Commissionable Premium:** Taxes and fees are not applicable for Med-Supp.
- L Previous Comm Paid:** Amount will be displayed if a portion was previously paid out on prior statements.
- M Comm Due:** The amount of commission that you are being paid for on this statement.

(continued)

**N Total Dues Allocated this Period:** Summary of total premium amount for all members reported on the statement.

**C Total Commissionable Dues this Period:** Summary of total premium amount applied less taxes and fees reported on the statement.

**P Total Non-Commissionable Dues this Period:** Summary of total non-commissionable premium amount reported on the statement for all members.

**Q Total Previous Commission Paid:** Summary of total previous commission paid, if any, within this statement.

**R Total Commission Paid this Period:** Total commission amount due to the broker on this statement. It shows current amounts calculated and payable but does not reflect any prior period balance that is due to Health Net.

**S SSN Count this Statement:** The count of member ID's (REF #) being reported on this statement.

**T Total Commissions Paid this Period by Product:** Summary of total commission amount breakdown by product ID.