

# Financial Disclosure Statement for Group Insurance

## Group Information

Name of Group or Organization

Address

Policy Number

Name of Insurer

## Compensation or Financial Arrangement

Description of any compensation or other financial arrangements made with or given to the Agent/Broker related to this group insurance policy:

## Fees and Commissions

Type	Recipient	Amount or Percentage
Commission		
Fee		
Other (specify)		

## Other Disclosures

Any additional material facts, agreements, or compensation to disclose:

Certification

Authorized Signature

Date