

Financial Disclosure Statement for Group Insurance

Group Information

Name of Group or Organization

Address

Policy Number

Name of Insurer

Compensation or Financial Arrangement

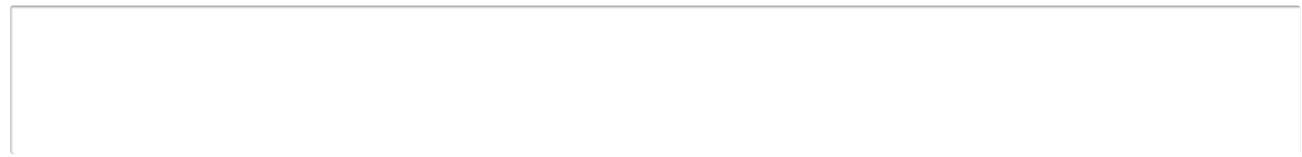
Description of any compensation or other financial arrangements made with or given to the Agent/Broker related to this group insurance policy:

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

