



Agent Assignment of Commissions

For valuable consideration, the undersigned, herein call the Assignor, hereby assigns to the Assignee all of the Assignor's right, title, interest, claim or demand in and to any and all compensation now due and payable, or which may become due and payable, under existing contracts and agreements heretofore entered into by and between Memorial Hermann Health Plan, Inc. (the "Company") and the Assignor.

Assignor hereby authorizes and empowers the Company to pay Assignee all compensation (including but not limited to over-riding commissions) now due or which may become due under the Agreement until such time as Assignor terminates this assignment by written notice to the Company. In the event of a termination of this Agreement, all changes will be applied on a prospective basis. Assignor acknowledges and agrees that such payment of compensation to the Assignee shall constitute payment of such compensation to the Assignor as if paid directly to the Assignor and the Company shall be fully released from any and all responsibility to the Assignor for such payments. Assignor hereby acknowledges and agrees that assignment of compensation payable under the agreement does not release or otherwise relieve Assignor of any obligation or responsibility under the Agreement including, but not limited to, the obligation to pay commissions to any applicable "downline" sales hierarchy and/or the obligation to reimburse the Company for compensation on paid on premiums subsequently refunded.

Assignor hereby covenants and agrees that the Assignor is the absolute and sole owner of said compensation, free from assignment or encumbrance of any kind or character whatsoever, and has full right and lawful authority to so assign same. The Assignor shall at all times defend, indemnify and hold harmless the Company and its officers, agents, and employees from and against any and all suits, actions, losses, damages, claims, expenses (including but not limited to the Company's legal expense) and liability of any character, type or description arising out of the execution or performance of this assignment.

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Effective Date: 8/5/2022

To: Trusted Senior Specialists
(Legal entity that the Commissions are being assigned to)

Tax ID: 20-2159659

Assignee's Address:

Street: 10998 S Wilcrest Dr Ste 100

City: Houston State: TX Zip: 77099

Telephone: 281-879-7711


Signatures:

Assignor Name: _____

Assignor Signature: _____

Date: 8/5/2022

Assignee Name: Melinda Wilhelm (Trusted Senior Specialists)

Assignee Signature: 

Date: 8/5/2022

The Company acknowledges receipt of, and consents to the foregoing assignment, but assumes no responsibility for the validity or sufficiency hereof. This assignment is effective on the date signed by an authorized representative of the Company.

By: _____
(Authorized Company Signature)

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Company Representative:

Name: _____ Title: _____
(Print)