



P.O. Box 30192  
Salt Lake City, UT 84130-0192

## AGENT COMMISSION ASSIGNMENT AGREEMENT

\_\_\_\_\_ ("Assignor") assigns and transfers to \_\_\_\_\_  
("Assignee") all right, title and interest in and to all first year and renewal commissions and other compensation which  
accrues to the Assignor with respect to commissions earned under the *Agent Agreement*, effective  
\_\_\_\_\_, and entered into between Assignor and SelectHealth, Inc. and SelectHealth Benefit Assurance  
Company, Inc. ("Select Health").

This Assignment is made for the purpose of vesting in the Assignee absolute title to said commissions. Notwithstanding  
this Assignment, Select Health, its successors and assigns, has the right to offset against Assignor's commissions, any  
indebtedness of the Assignor which Select Health, its successors and assigns, would have been authorized to deduct  
from or offset against if this Assignment had not been made. It is agreed and understood that this Assignment is for  
commission purposes only and that this transfer does not apply to the Select Health appointment or contract between  
the above stated parties.

Select Health, its successors and assigns, is authorized and directed to pay any and all assigned commissions directly to  
the Assignee.

Assignor acknowledges that Select Health makes no representations regarding, and is not responsible for, the tax  
consequences, if any, of this Assignment. Assignor agrees to protect, defend, and indemnify and hold harmless Select  
Health and its officers, employees, staff and attorneys from and against any and all liability, claims, demands, fines,  
causes of action, penalties, judgements, and damages, including court costs and attorney's fees, and judgments in  
connection with or arising out of the actions or failure to act, that Select Health might be subject to as the result of  
honoring the Assignment contained in this document.

Select Health, its successors and assigns, may rely upon any receipt, release or waiver or any transfer or other instrument  
executed by the Assignee alone, purporting to affect this Assignment or any rights hereunder.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_  
Assignor

### Assignee Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State ZIP

Tax ID#: \_\_\_\_\_

Commissions Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Commission Assignment Acknowledged (TO BE COMPLETED BY SELECT HEALTH ONLY)

We are honoring this assignment as a service to you. You need to be aware the enforceability of an assignment in a court  
of law is between you and the party to whom commissions have been assigned. Select Health, therefore, assumes  
no responsibility for the validity or effect of any such assignment.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**SAMPLE**

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## AGENT COMMISSION ASSIGNMENT AGREEMENT

**AGENT NAME** \_\_\_\_\_ ("**Assignor**") assigns and transfers to **AGENCY NAME** \_\_\_\_\_ ("**Assignee**") all right, title and interest in and to all first year and renewal commissions and other compensation which accrues to the Assignor with respect to commissions earned under the *Agent Agreement*, effective **DATE 00/00/0000** \_\_\_\_\_, and entered into between Assignor and SelectHealth, Inc. and SelectHealth Benefit Assurance Company, Inc. ("Select Health").

This Assignment is made for the purpose of vesting in the Assignee absolute title to said commissions. Notwithstanding this Assignment, Select Health, its successors and assigns, has the right to offset against Assignor's commissions, any indebtedness of the Assignor which Select Health, its successors and assigns, would have been authorized to deduct from or offset against if this Assignment had not been made. It is agreed and understood that this Assignment is for commission purposes only and that this transfer does not apply to the Select Health appointment or contract between the above stated parties.

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Select Health, its successors and assigns, may rely upon any receipt, release or waiver or any transfer or other instrument executed by the Assignee alone, purporting to affect this Assignment or any rights hereunder.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By **AGENT SIGNATURE** \_\_\_\_\_  
Assignor

### Assignee Information:

### **AGENCY INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Commissions Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_