

OLYMPIA LHSO, INC.

General Agent Appointment and Compensation Worksheet

(A General Agent Appointment Application must be attached to process to this Form)

General Agency Name: _____ Tax ID#: _____

Appoint this General Agent in the following state(s): Illinois

Enclose a legible copy of the Applicants' State Insurance License(s).

Principal Agent Name: _____

PRODUCT AUTHORIZATION

Olympia has authorized the General Agent to sell the following products:

- | | | |
|--------------------------|--------------------------------------------------|-----------------------------|
| <input type="checkbox"/> | INDIVIDUAL DENTAL (EPO or Discount Plans) | Commission Schedule: _____% |
| <input type="checkbox"/> | GROUP DENTAL (EPO or Discount Plans) | Commission Schedule: _____% |
| <input type="checkbox"/> | GROUP DENTAL (PPO Plans) | Commission Schedule: _____% |
| <input type="checkbox"/> | VISION (EPO Plans) | Commission Schedule: _____% |

COMMISSION STATEMENT AND CHECKS

Commission statements and checks will be mailed to the General Agent on a monthly basis.

General Agent Name

Date

General Agent Signature

Olympia LHSO, Inc. Use Only

Appointment Issue Date: _____

General Agent Number: _____

Olympia LHSO, Inc. Signature: _____