

***** This Schedule is not valid until executed by an Authorized Representative of the Company *****

**COMPENSATION/PRODUCT SCHEDULE
UNITED WORLD LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT**

This Compensation/Product Schedule (this "Schedule") is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company's Medicare Supplement product (the "Product"), as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

A. COMMISSION

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United World Life Insurance Company
- Application and Premium Submitted to: United World Life Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

Commission Rates for:

POLICY FORM: WM1, WM2, WM3, WM4, WM8, WM12, WM18 and State Equivalents and State Special Plans

Alabama, Georgia, Montana, New Mexico, North Dakota, Utah, Wyoming	New Business, Internal & External Replacements						
	Under Age 65			Age 65+			
	All Policy Years			Policy Years			
	All Plans			1 - 6	7 - 10	11+	
Commission Rate	0%	15%	7%	0%			
California, Colorado, Kansas, Pennsylvania	New Business, Internal & External Replacements						
	All Ages						
	Policy Years						
	All Plans	1 - 6	7 - 10	11+			
Commission Rate	15%	7%	0%				
Delaware	New Business, Internal & External Replacements						
	Under Age 65			Age 65+			
	Policy Years			Policy Years			
	All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
	Commission Rate	1.5%	0.7%	0%	15%	7%	0%

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Indiana	New Business, Internal & External Replacements		
	Under Age 65	Age 65+	
	All Policy Years	Policy Years	
All Plans		1 - 8	9+
Commission Rate	0%	15%	0%

Minnesota, Mississippi, South Dakota	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	7.5%	3.5%	0%	15%	7%	0%

Maryland, New Jersey	New Business, Internal & External Replacements					
	Under Age 65 NJ - Plan C Only* MD - Plans A & C Only*			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	7.5%	3.5%	0%	15%	7%	0%

*All Other Plans are paid 0% commission to under age 65.

End of Commission Rates for policy forms that begin on page 1.

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Commission Rates for:

POLICY FORM: WM20, WM21, WM22, WM23, WM24, WM25, WM30, WM31 and State Equivalents and State Special Plans

Alabama, New Mexico, North Dakota, Utah, Wyoming	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
		Policy Years		
All Plans Except M, N	All Policy Years	1 - 6	7 - 10	11+
Commission Rate	0%	15%	7%	0%
Alabama, New Mexico, North Dakota, Utah, Wyoming	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
		Policy Years		
Plan M	All Policy Years	1 - 6	7 - 10	11+
Commission Rate	0%	16.5%	7.75%	0%
Alabama, New Mexico, North Dakota, Utah, Wyoming	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
		Policy Years		
Plan N	All Policy Years	1 - 6	7 - 10	11+
Commission Rate	0%	18%	8.5%	0%
California, Colorado, Kansas, Pennsylvania	New Business, Internal & External Replacements			
	All Ages			
	Policy Years			
All Plans Except M, N	1 - 6	7 - 10	11+	
Commission Rate	15%	7%	0%	
California, Colorado, Kansas, Pennsylvania	New Business, Internal & External Replacements			
	All Ages			
	Policy Years			
Plan M	1 - 6	7 - 10	11+	
Commission Rate	16.5%	7.75%	0%	
California, Colorado, Kansas, Pennsylvania	New Business, Internal & External Replacements			
	All Ages			
	Policy Years			
Plan N	1 - 6	7 - 10	11+	
Commission Rate	18%	8.5%	0%	

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Delaware	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans Except M, N	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	1.5%	0.7%	0%	15%	7%	0%
Delaware	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
Plan M	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	1.65%	0.775%	0%	16.5%	7.75%	0%
Delaware	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
Plan N	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	1.8%	0.85%	0%	18%	8.5%	0%
Maryland, New Jersey	New Business, Internal & External Replacements					
	Under Age 65 NJ - Plan C Only* MD - Plans A & C Only*			Age 65+		
	Policy Years			Policy Years		
All Plans Except M, N	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	7.5%	3.5%	0%	15%	7%	0%

*All Other Plans are paid 0% commission to under age 65.

Maryland, New Jersey	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
	All Policy Years	1 - 6	7 - 10	11+
Plan M				
Commission Rate	0%	16.5%	7.75%	0%
Maryland, New Jersey	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
	All Policy Years	1 - 6	7 - 10	11+
Plan N				
Commission Rate	0%	18%	8.5%	0%

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Minnesota	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
Plans Basic & Extended Basic	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	7.5%	3.5%	0%	15%	7%	0%
Minnesota	New Business, Internal & External Replacements					
	Under Age 65	Age 65+				
		Policy Years				
Medicare Supplement Plan with 50% Part A Deductible Coverage	All Policy Years	1 - 6	7 - 10	11+		
Commission Rate	0%	16.5%	7.75%	0%		
Minnesota	New Business, Internal & External Replacements					
	Under Age 65	Age 65+				
		Policy Years				
Medicare Supplement Plan with \$20 and \$50 Co-payments	All Policy Years	1 - 6	7 - 10	11+		
Commission Rate	0%	18%	8.5%	0%		
Montana	New Business, Internal & External Replacements					
	Under Age 65	Age 65+				
		Policy Years				
All Plans Except M, N	All Policy Years	1 - 6	7 - 10	11+		
Commission Rate	0%	13%	6%	0%		
Montana	New Business, Internal & External Replacements					
	Under Age 65	Age 65+				
		Policy Years				
Plan M	All Policy Years	1 - 6	7 - 10	11+		
Commission Rate	0%	14.35%	6.675%	0%		
Montana	New Business, Internal & External Replacements					
	Under Age 65	Age 65+				
		Policy Years				
Plan N	All Policy Years	1 - 6	7 - 10	11+		
Commission Rate	0%	15.7%	7.35%	0%		

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South Dakota	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans Except M, N	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	7.5%	3.5%	0%	15%	7%	0%
South Dakota	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
Plan M	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	8.25%	3.875%	0%	16.5%	7.75%	0%
South Dakota	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
Plan N	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	9%	4.25%	0%	18%	8.5%	0%

B. COMMISSION RULES

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. Commission is calculated on the lesser of initial premium or paid premium.
3. Medicare Part B deductible premium is not commissionable except for the state of Indiana. Commission is not calculated on premium increases.
4. Unearned commission within any policy year will be charged back on any premium refunded to the policyowner.
5. Commission will not be charged back for a policy terminated due to death of the insured.
6. Commission for the Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
7. Internal Company Replacements. Commission will be calculated at 100% of the applicable commission rate when a new United World Life Insurance Company Medicare Supplement policy replaces an existing United World Life Insurance Company Medicare Supplement policy, or an existing United World Life Insurance Company Medicare Select policy, and the producer of record does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
8. Affiliate Company Replacements. Commission will be calculated at 50% (except for the state of California, where commission will be calculated at 100%) of the applicable External Replacement commission rate when a new United World Life Insurance Company Medicare Supplement policy replaces an existing Mutual of Omaha Insurance Company Medicare Supplement policy or certificate, or an existing Mutual of Omaha Insurance Company Medicare Supplement Trust policy or certificate, or an existing Mutual of Omaha Insurance Company Medicare Select policy, or an existing United of Omaha Life Insurance Company Medicare Supplement policy, or an existing United of Omaha Life Insurance Company Medicare Select policy, and the producer of record does not change. The commission on the new Affiliate Company replacement policy will be calculated starting over at policy year 1. For the state of Minnesota, Affiliate Company Replacements are not eligible for commission.
9. Commission will not be calculated on replacements from the Agency distribution to the Brokerage distribution.

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10. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
11. The Company may, from time to time, issue schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether the Product is eligible for bonuses.

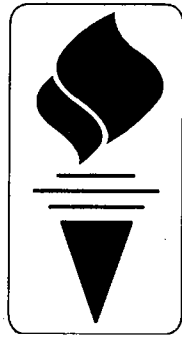
C. GENERAL PROVISIONS

1. **Product Included.** The provisions and conditions of this Schedule shall apply only to the Product specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. **Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.
4. **Laws & Regulations.** Commission on the Product set forth above may be adjusted as required by any applicable laws or regulations.
5. **Confidential Information.** Confidential Information, as defined in your Agreement, does not include information relating to Compensation payments payable, paid or provided to you pursuant to this Schedule.

This Schedule is in addition to any other schedules currently in force or that may come into force in the future, but supersedes any prior schedules related to commission on the Product. This Schedule shall remain in effect until changed or terminated by Company.

UNITED WORLD LIFE INSURANCE COMPANY

Date first approved by an Authorized Representative: _____



*Sentinel Security
Life Insurance
Company*

Schedule of Commissions

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For Purposes of this Compensation & Product Schedule, the term "you" or "your" shall have the same meaning as the term "Agent" in the Agreement.

This Compensation & Product Schedule (this "schedule") is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company's Medicare Supplement/Select and/or Life products (the "Products"), as submitted by your Sentinel Agency Director. In no event does this Schedule apply to persons with License-Only Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

All Commissions

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submits Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

General Provisions

- 1. Product Included.** The provisions and conditions of the Schedule shall apply only to the Products specifically identified in the Schedule.
- 2. Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under the Schedule shall be void.
- 3. Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or Selected by the Company from time to time.
- 4. Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.
- 5. Confidential Information.** Confidential Information, as defined in your Agreement, does not include information relating to Compensation payments payable, paid or provided to you pursuant to this Schedule.

Commission Rates for Medicare Supplement/Select Plans

Arizona†, Iowa, Montana, Nebraska†, Nevada, New Mexico, North Dakota, Utah†, Wyoming

Commission Rates New Business, Internal & External Replacement

	Policy Years		
	1-6	7-10	11+
Ages < 65	0.0%	0.0%	0.0%
Ages 65-79	24.0%	0.0%	0.0%
Ages 80+	9.0%	0.0%	0.0%

California

Commission Rates New Business

	Policy Years			
	1	2-6	7-10	11+
Ages < 65	19.0%	10.0%	0.0%	0.0%
Ages 65-79	19.0%	10.0%	0.0%	0.0%
Ages 80+	6.0%	1.5%	0.0%	0.0%

California

Commission Rates Internal & External Replacement

	Policy Years			
	1	2-6	7-10	11+
Ages < 65	9.5%	9.5%	0.0%	0.0%
Ages 65-79	9.5%	9.5%	0.0%	0.0%
Ages 80+	2.0%	2.0%	0.0%	0.0%

Colorado†, Oregon

Commission Rates New Business, Internal & External Replacement

	Policy Years		
	1-6	7-10	11+
All Ages	23.0%	0.0%	0.0%

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Texas†				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-7	8-10	11+	
Ages < 65 Plan A Only*	8.5%	0.0%	0.0%	
Ages 65-79	24.5%	0.0%	0.0%	
Ages 80+	8.5%	0.0%	0.0%	
*All Other Plans are paid 0% commission for under Age 65				
Washington				
Commission Rates New Business, Internal & External Replacement				
	All Policy Years			
Ages < 65	0.0%			
Ages 65+	9.0%			
Kansas†				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-6	7-10	11+	
Ages < 65	24.0%	0.0%	0.0%	
Ages 65-79	24.0%	0.0%	0.0%	
Ages 80+	9.0%	0.0%	0.0%	
Louisiana†, South Dakota				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-6	7-10	11+	
Ages < 65	9.0%	0.0%	0.0%	
Ages 65-79	24.0%	0.0%	0.0%	
Ages 80+	9.0%	0.0%	0.0%	
Oklahoma†				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-6	7-10	11+	
Ages < 65 Plan A* Only	9.0%	0.0%	0.0%	
Ages 65-79	24.0%	0.0%	0.0%	
Ages 80+	9.0%	0.0%	0.0%	
*All Other Plans are paid 0% commission for under Age 65				
Hawaii, Idaho				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-6	7-10	11+	
Ages < 65	0.0%	0.0%	0.0%	
Ages 65-79	24.0%	0.0%	0.0%	
Ages 80+	9.0%	0.0%	0.0%	

†Medicare Select Plans May Be Available

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Commission Rates for all Approved New Vantage States

New Vantage I* - Level				
	*Level Benefit Plan Policy Years			
Issue Age	1	2-5	6-10	
0 - 75	115.0%	10.0%	4.0%	
76 - 80	105.0%	8.0%	2.0%	
81 - 85	85.0%	6.0%	1.0%	

New Vantage II - Graded				
	Graded Benefit Plan Policy Years			
Issue Age	1	2-5	6-10	
45 - 75	115.0%	10.0%	3.0%	
76 - 85	90.0%	7.0%	2.0%	

New Vantage III - Modified				
	Modified Benefit Plan Policy Years			
Issue Age	1	2-5	6-10	
45 - 75	75.0%	3.0%	2.0%	
76 - 85	55.0%	2.0%	1.0%	

*Only Level Benefit Plan Offered on Combo App

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Commission Rules

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. For Medicare Supplements and Medicare Select policies, the commission is calculated on the lesser of initial premium or paid premium. For Life Plans, the commission is based on the paid premium including the policy fees and is based on age at issue.
3. Medicare Part B deductible premium is not commissionable except for the State of Washington. Commission is not calculated on premium increases except for the State of Washington.
4. Policy/Application fees on Medicare Supplement and Medicare Select Plans are not commissionable. Policy/Application fees on Medicare Supplement and Medicare Select Plans are not applicable in the state of Arkansas.
5. Unearned commission within any policy year will be charged back on any premium refunded to the policy owner. On any policies for which commissions were advanced and for as long as you maintain an advance balance, you agree that if you, either directly or indirectly through a third party, cause or assist in causing, the lapse, rewriting, or replacement of any policy issued through the Company, you will pay damages to the Company equal to two times the annual premium of such policies written.
6. The commission for the Product is vested and may be credited to you after the termination date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
7. Internal Replacements Medicare Supplement/Medicare Select. Commission will be calculated at 100% of the applicable commission rate when a new Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy replaces an existing Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy, or an existing Sentinel Security Life Insurance Company Medicare Supplement/Medicare Select policy, and the producer of record does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
8. For Life Insurance, your commission may be reduced from replacements or conversions.
9. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
10. The Company may, from time to time, issue compensation/product schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether the Product is eligible for bonuses.

This schedule is in addition to any other schedules currently in force or that may come into force in the future, but supersedes any prior Schedule related to commission on the Products. This Schedule shall remain in effect until changed or terminated by Company.

Agent's Signature:

X _____

Date:

X _____

Sentinel Security Life Insurance Company:

X _____

Date:

X _____



Gerber Life
Insurance Company

Compensation & Product Schedule
Medicare Supplement

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A. Commission

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized affiliated company is Gerber Life Insurance Company
- Application and premium submitted to Gerber Life Insurance Company
- Commission paid by Gerber Life Insurance Company

Policy Form: MTG1, MTG2, MTG3, MTG4, MTG5, MTG13, MTG20, MTG21, MTG22, MTG23, MTG24, MTG25 and State Equivalents and State Special Plans

Alabama, Arizona, Georgia, Iowa, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, South Carolina, Tennessee, Utah, Virginia, Wyoming			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-6	7-10	11+
Ages < 65	0.0%	0.0%	0.0%
Ages 65-80	21.0%	3.0%	0.0%
Ages 81+	10.5%	1.5%	0.0%
Arkansas			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-6	7-10	11+
Ages < 65	0.0%	0.0%	0.0%
Ages 65-67	22.0%	3.0%	0.0%
Ages 68-73	12.0%	3.0%	0.0%
Ages 74+	4.0%	4.0%	0.0%

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California				
Commission Rates New Business				
Policy Years				
	1	2-6	7-10	11+
Ages < 65	18.0%	9.0%	1.0%	0.0%
Ages 65-80	18.0%	9.0%	1.0%	0.0%
Ages 81+	9.0%	4.5%	0.5%	0.0%
Commission Rates Internal & External Replacement				
Policy Years				
	1	2-6	7-10	11+
Ages < 65	9.0%	9.0%	1.0%	0.0%
Ages 65-80	9.0%	9.0%	1.0%	0.0%
Ages 81+	4.5%	4.5%	0.5%	0.0%
Colorado, Pennsylvania				
Commission Rates New Business, Internal & External Replacement				
Policy Years				
	1-6	7-10	11+	
All Ages	19.5%	2.5%	0.0%	
Delaware				
Commission Rates New Business, Internal & External Replacement				
Policy Years				
	1-6	7-10	11+	
Ages < 65	2.1%	0.3%	0.0%	
Ages 65-80	21.0%	3.0%	0.0%	
Ages 81+	10.5%	1.5%	0.0%	
Idaho				
Commission Rates New Business, Internal & External Replacement				
Policy Years				
	1-6	7-10	11+	
Ages < 65	0.0%	0.0%	0.0%	
Ages 65+	19.5%	2.5%	0.0%	

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Illinois			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-6	7-10	11+
Ages < 65	12.6%	1.8%	0.0%
Ages 65-80	21.0%	3.0%	0.0%
Ages 81+	10.5%	1.5%	0.0%
Indiana			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-8	9+	
Ages < 65	0.0%	0.0%	
Ages 65+	17.0%	0.0%	
Kansas, Kentucky, Wisconsin			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-6	7-10	11+
Ages < 65	21.0%	3.0%	0.0%
Ages 65-80	21.0%	3.0%	0.0%
Ages 81+	10.5%	1.5%	0.0%
Louisiana, Minnesota, Mississippi, New Hampshire, South Dakota			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-6	7-10	11+
Ages < 65	10.5%	1.5%	0.0%
Ages 65-80	21.0%	3.0%	0.0%
Ages 81+	10.5%	1.5%	0.0%

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Maryland, New Jersey, North Carolina, Oklahoma				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-6	7-10	11+	
Ages < 65 MD - Plans A&C* NJ - Plan C* NC - Plans A&F* OK - Plan A*	10.5%	1.5%	0.0%	
Ages 65-80	21.0%	3.0%	0.0%	
Ages 81+	10.5%	1.5%	0.0%	
*All Other Plans are paid 0% commission for under Age 65				
Michigan				
Commission Rates New Business, Internal & External Replacement				
	Policy Years			
	1-3	4-10	11+	
Ages < 65	0.0%	0.0%	0.0%	
Ages 65-80	27.0%	3.0%	0.0%	
Ages 81+	13.5%	1.5%	0.0%	
Missouri				
Commission Rates New Business				
	Policy Years			
	1	2-6	7-10	11+
All Ages	16.0%	8.0%	2.0%	0.0%
Commission Rates Internal & External Replacement				
	Policy Years			
	1	2-6	7-10	11+
All Ages	8.0%	8.0%	2.0%	0.0%

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Oregon			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-6	7-10	11+
All Ages	19.5%	2.5%	0.0%
Texas			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-7	8-10	11+
Ages < 65 Plan A Only*	10.5%	1.5%	0.0%
Ages 65-80	21.0%	3.0%	0.0%
Ages 81+	10.5%	1.5%	0.0%
*All Other Plans are paid 0% commission for under Age 65			
Washington			
Commission Rates New Business, Internal & External Replacement			
	All Policy Years		
Ages < 65	0.0%		
Ages 65+	6.0%		
West Virginia			
Commission Rates New Business, Internal & External Replacement			
	Policy Years		
	1-5	6-10	11+
Ages < 65	0.0%	0.0%	0.0%
Ages 65-80	21.0%	3.0%	0.0%
Ages 81+	10.5%	1.5%	0.0%

B. Commission Rules

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. Commission is calculated on the lesser of initial premium or paid premium.
3. Medicare Part B deductible premium is not commissionable. Commission is not calculated on premium increases.
4. Policy/Application fees are not commissionable. Policy/Application fees are not applicable in the state of Arkansas.

***** This Schedule is not valid until signed by an Authorized Representative of the Company ******

5. Unearned commission within any policy year will be charged back on any premium refunded to the policy owner.
6. The commission for the Product is vested and may be credited to you after the termination date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
7. Internal Replacements. Commission will be calculated at 100% of the applicable commission rate when a new Gerber Life Insurance Company Medicare Supplement policy replaces an existing Gerber Life Insurance Company Medicare Supplement policy, or an existing Gerber Life Insurance Company Medicare Select policy, and the producer of record does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
8. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
9. The Company may, from time to time, issue compensation/product schedules with respect to the Product which (a) amend, replace or terminate this Schedule,

or (b) identify whether the Product is eligible for bonuses.

C. General Provisions

1. **Product Included.** The provisions and conditions of this Schedule shall apply only to the Product specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. **Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.
4. **Laws & Regulations.** Commission on the Product set forth above may be adjusted as required by any applicable laws or regulations.
5. **Confidential Information.** Confidential Information, as defined in your Agreement, does not include information relating to Compensation payments payable, paid or provided to you pursuant to this Schedule.

This Schedule is in addition to any other schedules currently in force or that may come into force in the future, but supersedes any prior Schedule related to commission on the Product. This Schedule shall remain in effect until changed or terminated by Company.

Gerber Life Insurance Company

Date first approved by an Authorized Representative: _____



Senior Medicare Supp. Products Agent Commission Schedule

Effective April 2006

POLICY TYPE (Contract Code)	POLICIES SOLD	COMMISSION LEVEL
Standard Plan A (0539)		
Senior Classic F (0535), Classic I (drugless) (UT13) & Classic J (drugless) (0536)	1 - 25	13%
	26 - 99*	17%
Senior AdvantageCare (G816 & G817) Commission Paid = Senior Classic F commission plus an override that is 85% of the first year Rider premium and 5% of subsequent year's Rider premium	100+*	21%
* Higher commissions retroactive when next production level is attained for new Medicare Supplement contracts sold with effective dates in the same calendar year.		
Senior Select (0534)		
Senior Classic C (7887)	All	13%
Senior SmartChoice (UT14), Preferred (PE92) & PLUS** (PE54 & PE55)	1 - 10	13%
	11 - 49	17%
	50+	21%
**Commission Paid = SmartChoice commission plus an override that is 85% of the first year Rider premium and 5% of subsequent year's Rider premium		
The above commissions apply to policies issued during the first 6 months after the applicant obtains Part B of Medicare, 6 months after losing Group-sponsored coverage, and all policies issued to individuals able to pass underwriting. Sales of any of these plans will count toward bringing your commissions to the next level for other eligible Senior sales. However, these plans will remain at 13% flat (or as specified for SmartChoice Products) regardless of production.		
Conversion of Anthem Blue Cross Individual Plan to Anthem Blue Cross Medicare Supplement plan without a lapse in coverage (automatically converted) – SmartChoice PLUS and AdvantageCare are excluded.	All	Regular Commission 8%
Senior Dental PPO (R365)		
Senior Dental SelectHMO (Saver ZE6Q, SelectHMO ZE7Q, Premier ZE8Q)	All	10%
Pre-65 Standard Plan A (0527), Plan C (UT95), Plan F (UT96) & Plan J (UT97)	All	\$5/year administration fee for 6 years†
Guaranteed Issue - All Medicare Supplement Policies issued on a guaranteed issue basis as the result of State or Federal legislation may be subjected to this reduced commission level. All other situations will be paid at the higher commission level as indicated above.	All	\$5/year administration fee for 6 years†
† Sales of these policies do not count toward the annual production level to attain the higher commission level. Administration fee will be payable on the month coinciding with the anniversary date, ceasing on the 6th anniversary.		
CareResource Solutions (H069)	1st yr 20%	Renewal 10%

COMMISSIONS BASED UPON THE ATTAINED PREMIUM AND ARE PAYABLE FOR THE LIFE OF THE POLICY, SUBJECT TO THE TERMS OF THE AGENT AGREEMENT.

Mary Floyd

Mary Floyd
Vice President, Senior & Individual Sales