



Assignment of Compensation Form

Section I: Instructions

- Complete this assignment of compensation form to assign your commissions
- Be sure to sign and date the form. Original signatures required (and title)
- Assignee must be licensed and appointed if required by state regulation
- Email completed forms to brokercomm@aetna.com

Section II: Type of Assignment

- ☐ Agency to Agency
- ☐ Broker to Agency
- ☐ General Agent to General Agent
- ☐ Broker to Broker

Section III: Compensation to Assign

Commercial

☐ **All and Future Business**

If not all and future, please list cases on page two.

Medicare

☐ **All and Future Medicare policies**

If not all and future, please list cases on page two.

Individual Business

☐ **All and Future Individual policies**

If not all and future, please list cases on page two.

Assignor/Assignee Information

Assignor Name/Agency	Assignor NPN/TAX ID (if agency)
Assignee Name/Agency	Assignee NPN/TAX ID (if agency)
☐ Clients were notified of the transfer of business.	

Section IV: Agent Acknowledgement and Representations

This assignment will take effect the first of the month following receipt by the Company. This Assignment shall remain in effect subject to the terms of this Assignment until the Company receives a written request from the Assignor and an acknowledgment from the Assignee. The Company shall be discharged from liability for payment of compensation in reliance upon evidence satisfactory to it of an Assignee's release of any Assignment.

The Assignor represents and warrants that: (a) the validity and sufficiency of the foregoing Assignment, (b) no proceeding in bankruptcy or insolvency or the like has been commenced by or against the Assignor and no assignment for the benefit of creditors has been made by the Assignor, (c) there are no outstanding assessments, liens or levies because of unpaid taxes or other obligations of the Assignor; and (d) either (i) Assignee is a licensed insurance agent or was not involved with the insurance transaction generating the compensation, or (ii) the Assignment is an absolute assignment to the Assignee for value.

In the event, Aetna is requested to transfer from an individual to an agency please see below:

The signature to this instrument is a warranty that the assignor is legally capable of executing it, that the interests being assigned are not subject to any lien, levy or other encumbrance, and that no proceedings in insolvency or bankruptcy have been instituted by or against the assignor.

By signing below, the assignee certifies to Aetna (1) that the assignor is a true employee of the assignee (or that the assignor is a partner of the assignee if the assignee is a partnership), (2) that the assignor is required to assign all commissions to the assignee as a condition of employment and (3) that because of such relationship, it is appropriate for Aetna to report such commissions for tax purposes as income of the assignee.

In witness whereof, the undersigned executes this Assignment on this _____ day of _____,

Assignor Signature _____ Title (if other than an Individual) _____

Assignee Signature _____ Title (if other than an Individual) _____

