

BROKER COMPENSATION AGREEMENT

Between The Benefits Trust
 3800 Steeles Avenue West, Suite 102W
 Vaughan, Ontario L4L 4G9
 (the "Trust")

And Sample Broker Inc.
 1234 Anywhere Street
 Somewhere, Prov A1B 2C3
 (the "Broker")

This Agreement takes effect for each contract as shown in the Contract Plan Schedule, and on the effective date as shown in the Schedule. In consideration of the Broker securing the business shown in the Contract Plan Schedule and placing it with the Trust, the Trust has agreed, under the following conditions, to provide benefit administration services to the Brokers' client(s) and to pay the Broker commission on the total pooled premiums and self-funded contributions paid to the Trust and held in trust for the Brokers' client.

The attached Schedule states, by Plan, the mutually agreed commission rate for the initial 12 month contract period and any subsequent renewal. Commissions will be paid monthly, commencing with the month of the effective date of the plan policy and after the client has paid their monthly premiums and contributions. The terms "premiums" and "contributions" referred to above shall be the paid premiums and contributions less any credits arising from terminations or adjustments.

The Trust acknowledges that all business placed by the Broker, will be the property of the Broker. Both parties agree that they will maintain all appropriate licensing and Errors and Omission coverage as required by provincial legislation.

This agreement shall remain in effect as long as the specified plan(s) remains in effect. The Trust will not pay commission to any other broker unless directed by an Agent of Record letter from the client. Under those circumstances the Trust will give the Broker a minimum of 14 days notice before redirecting commission payments. The Broker shall not assign this Agreement or any sums payable hereunder.

On behalf of The Benefits Trust

On behalf of the Broker

Title

Title

Date

Date

CONTRACT PLAN SCHEDULE ISSUE DATE: XXXX

Description of Premium or Contribution	Pooled Premiums and Self-Funded Contributions Commission Rate
All commissionable pooled premiums	10.0% of received contributions
All self-funded contributions	8.0% of received contributions

1. Vero Health Care Plan

<u>Contract Number</u>	<u>Plan Type</u>	<u>Supplier</u>	<u>Effective Date</u>
99999	Pooled	Vero Insurance Partners	XXXX
	Self-Funded	The Benefits Trust	XXXX