

# How to Read Your Online Statement

## Easy to Read; Easy to Understand

Take a moment to review the sample commission statement. If you have questions, please call UnitedHealthcare's Commissions Call Center at **1-888-641-9147** or contact your UnitedHealthcare representative for clarification.

### Compensation Period Start/End Date

Pay period the Current Commission applies to

### Producer Name

Payee name. May be an individual agent or agency name.

### EFT Settlement Date/Account Number

Shows the account the commissions check will be deposited to, as well as the date of the deposit.

### **new** Current Commission and Year to Date (YTD) Commission

View your commissions for the pay period as well as your overall commission for the year.

### Override and Base Detail

View two distinct levels of payment by writing agent. Override detail will display if applicable.


### **new** Detail by Writing Agent

Now, view customer, product and compensation information by Writing Agent.

### **new** Adjustments to Account Balance

Shows adjustments by date, description, and amount. Adjustments by date, description and amount will be displayed if applicable.

Adjustments to Account Balance		
Date	Description/Comments	Amount
06/29/2003	Manual Payment, Check #934532 - Advance for Policy #234545	(\$2,100.00)
06/29/2003	Producer Payment	\$300.00
06/29/2003	Returned Check	\$150.00
<b>Adjustments to Account Balance Total</b>		<b>(\$1,650.00)</b>



A UnitedHealth Group Company

AGENT COMPENSATION UNIT  
450 COLUMBUS BLVD - 9NB  
HARTFORD CT 06103-1801  
Fax #: (860)702 6807

FOR COMMISSION SERVICE PLEASE CALL 888-641-9147 BETWEEN 8AM AND 6PM EASTERN TIME

**Producer ID:** 456789012  
**Producer Name:** John P Adams Agency  
**Producer Address:** 49 Mainstreet  
Austin, TX 89203

**Compensation Period Start Date:** 6/15/2003  
**Compensation Period End Date:** 6/30/2003  
**Check Date:** N/A  
**Check Number:** N/A  
**EFT Settlement Date:** 7/1/2003  
**EFT Account Number:** % **Amount**  
301928473 30% 875.40  
103920394 70% 2042.60

(will display either Check or EFT info)

Commission Statement Summary

Current Commission	YTD Commission
\$2,918.00	\$69,703.20

Commission Statement Detail

**Beginning Balance:** \$0.00

**Override Detail**

**Key Accounts/Major Accounts/Public Sector/Government**

	Cov Type	Bill Eff Date	Paid Premium	Sub Count	Adj Reason	Method	Rate	Split %	Amount
<b>New Business</b>									
	<b>Writing Agent: 1234567</b>		<b>Weddigen, Lucy</b>						
	<b>Customer: 0000001</b>		<b>Samp Company</b>		<b>Orig Eff Date: 08/01/1998</b>				
	Medical	7/1/2003	\$11,828.58	70		% of Premium	7%	100%	\$828.00
<b>TOTAL</b>									\$828.00
<b>TOTAL</b>									\$828.00
<b>Override Detail Total:</b>									<b>\$828.00</b>
<b>Base Detail</b>									
<b>Key Accounts/Major Accounts/Public Sector/Government</b>									
	Cov Type	Bill Eff Date	Paid Premium	Sub Count	Adj Reason	Method	Rate	Split %	Amount
<b>Renewal</b>									
	<b>Writing Agent: 2345678</b>		<b>Murphy, Frank</b>						
	<b>Customer: 0000002</b>		<b>Carol &amp; Carol</b>		<b>Orig Eff Date: 01/01/1999</b>				
	Dental	7/1/2003	\$34,672.00	180		PEPM	\$6	100%	\$1,080.00
	<b>Customer: 0000003</b>		<b>Jerrymander, Inc.</b>		<b>Orig Eff Date: 03/01/2000</b>				
	Vision	7/1/2003	\$10,672.00	87		PEPM	\$7	100%	\$609.00
<b>TOTAL</b>									\$1,689.00
<b>TOTAL</b>									\$1,689.00
<b>Small Business</b>									
	Cov Type	Bill Eff Date	Paid Premium	Sub Count	Adj Reason	Method	Rate	Split %	Amount
<b>New Business</b>									
	<b>Writing Agent: 1234567</b>		<b>Weddigen, Lucy</b>						
	<b>Customer: 0000004</b>		<b>White's Garage</b>		<b>Orig Eff Date: 08/01/1998</b>				
	Medical	7/1/2003	\$5,723.00	45		% of Premium	7%	100%	\$401.00
<b>TOTAL</b>									\$401.00
<b>TOTAL</b>									\$401.00
<b>Base Detail Total</b>									<b>\$2090.00</b>
<b>Detail Total</b>									<b>\$2918.00</b>
<b>Statement Total</b>									<b>\$2918.00</b>
<b>Payment</b>									<b>\$2918.00</b>
<b>Ending Balance</b>									<b>\$0.00</b>