



**Florida  
Health Care  
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association



## **COVER FLORIDA BROKER REFERRAL COMPENSATION AGREEMENT**

As a Licensed Insurance Agent/Broker in the State of Florida you may refer prospects residing in Volusia or Flagler Counties who are eligible to participate in the Cover Florida Program to Florida Health Care Plans. As our Sales Consultants enroll these clients, the following referral fee will be paid to the referring agent. Only referrals obtained as a result of a Cover Florida eligible individual speaking with/inquiring to the agent about the Florida Health Care Plans' Cover Florida Program qualify for the referral payment.

### **INITIAL SALES**

Florida Health Care Plans will compensate the referring agent **\$75.00** per approved/sold application/contract. The referral fee will be paid upon the member remaining in the plan for 90 consecutive days (with all required premiums paid up).

### **CANCELLATIONS AND CHARGEBACKS**

A referral fee will not be paid for referral members not remaining on the Florida Health Care Plans' Cover Florida Program for a minimum of 90 consecutive days (with all required premiums paid up). Once the referral payment has been made for referral members the payment made will be 100% earned with no chargebacks occurring.

**MISCELLANEOUS CONDITIONS**

For referral fees to be paid, leads from agent/broker must be received by Florida Health Care Plans on our “Cover Florida Broker Prospect Referral Form” only. The completed form can either be faxed to: **(386)-676-7119** or mailed/delivered to:

**FLORIDA HEALTH CARE PLANS  
SALES & MARKETING DEPARTMENT  
1340 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117**

New sales referral fee rates and eligibility requirements are subject to change at Florida Health Care Plans’ discretion with 90 days written notice. This addendum pertains only to Florida Health Care Plans Cover Florida Program sales sold on or after January 5, 2009; and may be terminated in it’s entirety by Florida Health Care Plans with 30 days written notice, or immediately if required by any change in state or federal law. This contract is contingent upon the Agent/Broker Code of Ethics.

_____	_____
Agent Signature	David C. Schandel, Chief Financial Officer/Assoc. CEO Florida Health Care Plans
_____	_____
Agent Name (Print)	Date
_____	
Date	