

Disclosure

Please review, sign and return the following statement to ASSOCIUM

In negotiating group coverage for you, ASSOCIUM Benefits represents you, the plan sponsor.

ASSOCIUM has access to all insurer providers without restriction, but currently has business placed with six providers. Our primary providers are Green Shield Canada and Accerta Choice for health and dental products and The Co-operators Life Insurance Company for group life and disability products

ASSOCIUM Benefits' compensation is arranged between the insurance company and ASSOCIUM and is an element of your rate calculation. Arrangements could vary depending upon the service you require. Any future increases in the compensation schedule will require your written approval.

Benefits brokers may also be eligible for additional compensation, such as bonuses, persistency, profit-sharing, or non-monetary benefits, such as conferences that they could qualify for, depending on various factors such as the volume or persistency of business with any or all of the carriers they place business with during a given time period. ASSOCIUM Benefits does not accepted such compensation from any insurance carrier. Bonuses are not a part of our compensation arrangements with any of the carriers with whom we place business.

It is our duty to disclose any potential conflict of interest to our clients. We confirm that there is no conflict or potential conflict of interest in regards to the proposed sales transaction under consideration, and that our overall recommendations take into consideration and are based on our analysis and assessment of your financial and benefits coverage needs.

We are licensed as life, health and disability insurance agent in the province of Ontario and other jurisdictions across Canada. Should you require additional information about our qualifications or the nature of our business relationships, we would be pleased to assist you.

I have been informed of, and understand the implications of any conflicts or potential conflict of interest associated with ASSOCIUM Benefits in relation to the transactions under consideration. I agree to continue with my dealings with my ASSOCIUM and its representatives as my trustee or agent.

Client Signature _____ **Date** _____

Name: _____

Name of Organization: _____