

APC agent commission statements and checks

January and February premium commission statements and checks are being mailed out this week. For your convenience, we've included a detailed description of what you'll be receiving below.

Each statement will show the following information in the upper right corner of the first page:

- Date the check/statement was generated
- Check number
- Agent/agency NPN of who is being paid
- Entity ID
- Entity being paid

The second page of the statement will detail how the commission was generated:

- Member ID - the ID number generated in our system to identify the member
- Member name - the subscriber's name
- Date of birth - the subscriber's DOB
- Month and year the member is paid through
- Report period - the reporting month and year
- Member count - the subscriber and dependents
- Premium - the total premium amount for the member
- Commission amount for that subscriber
- Commission type being generated
- Commission schedule - how the commission was generated
- Product type - how the medical plan is coded in our system
- Residing state of the subscriber
- Agent associated with that subscriber
- Agent NPN
- Payee agency - (if any)

At the bottom of the statement there are 3 additional areas of information:

- Commission type - reference coding number and description of the type of commission
- Commission schedule - reference coding number and commission schedule description
- Product key - reference coding number and medical plan the subscriber is enrolled in

Please review your commission statements carefully. If you have any questions, contact Tammy Campfield at tcampfield@ushealthandlife.com and include your agent NPN. You can also reach her at 586-693-4470, Monday through Friday, 9:00 a.m. to 5:00 p.m. EST.

Commission Statement Detail

Member ID	Member Name	Date of Birth	Paid through	Report Period	Mem Cnt	Premium	Commission	Comm Type	Comm Sched	Product Type	State	Agent	Agent NPN	Agency
7XXXXXXXX6	JOHNNY TEST	01/01/1999	01/22	01/22	1	\$260.28	\$13.01	WAGT	PP07	7007	MI	SMITH, ROBERT	1XXXXXXXXX0	TEST
Column Totals						\$260.28	\$13.01							

Commission Payment... **\$13.01**

Commission Type	
Ref #	Comm Type Description

Commission Schedule	
Ref #	Comm Sched Description

Product Key	
Ref #	Client TypeDescription

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