

# CIGNA

# Compensation Statement

CG INDIVIDUAL TAX BENEFITS PAYMENTS, INC.

**CIGNA Producer Compensation Statement**

Date: 11-15-2004

Page 1 of 1

Check Number or EFT Data Here

Producer Name: Jane Smith  
 Producer Code: 123456

Your commission payment is displayed. You'll receive one check instead of multiple checks.

The check number or deposit date of an electronic fund transfer is displayed.

A producer code is an essential piece of information that helps us expedite service calls.

A new summary section has been added to the top of each statement. Now you can easily see a snapshot of your compensation activity.

Electronic fund transfer options are now available for more products.

**Compensation Payment**

Previous Balance:	0	0	0	0
Earned this statement:	\$3,600.00	\$1,000.00	0	\$24.00
Assignments:	0	0	0	0
Compensation Payment:	\$3,600.00	\$1,000.00	0	0
Closing Balance:	0	0	0	0
Year to Date:	\$10,000.00	\$1,000.00	\$1,000.00	\$5,000.00

Integration of stand alone CIGNA Dental payments will occur in early 2005.

Contact number has been moved to the top of the statement.

**If you have questions, please call: 800-903-7711**

One balance is shown for each line of business on the statement.

Account Name	Account Number	Product/Healthplan Site	Month/Year	Employees or Premiums	Comp. Rate	Compensation	Explanation
ABC Company	1234567	Medical	01/2004	\$120,000.00	3%	\$3,600.00	

Account commissions are integrated and reported at the account level versus under multiple health plans and accounts.


The statement is now organized alphabetically by account name instead of by account number.

This is only a sample Producer Compensation Statement. Your own statement will vary depending on the details of your compensation. Use this as a guide and refer to the actual compensation statement for complete details.

"CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these operating subsidiaries and not by CIGNA Corporation. These operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.



# Understanding Your CIGNA Compensation Statement

CG INDIVIDUAL TAX BENEFITS PAYMENTS, INC.							
<b>CIGNA Producer Compensation Statement</b>						<b>3</b> Date: 11-15-2004	
Producer Name: Jane Smith <b>1</b> Producer Code: 123456 <b>2</b>						<b>4</b> Page 1 of 1 <b>5</b> Check Number or EFT Data Here	
<b>Compensation Payment</b>							
		CIGNA HealthCare	CIGNA Dental Health	CIGNA Corporate Insurance	Prudential Retirement		
Previous Balance:	<b>6</b>	0	0	0	-\$24.00	<b>If you have questions, please call: 800-903-7711</b>	
Earned this statement:	<b>7</b>	\$3,600.00	\$1,000.00	\$1,000.00	\$1,000.00		
Assignments:	<b>8</b>	0	0	0	0		
Compensation Payment:	<b>9</b>	\$3,600.00	\$1,000.00	\$1,000.00	\$976.00		
Closing Balance:	<b>10</b>	0	0	0	0		
Year to Date:	<b>11</b>	\$10,000.00	\$1,000.00	\$1,000.00	\$5,000.00		
Account Name	Account Number	Product/Healthplan Site	Month/Year	Employees or Premiums	Comp. Rate	Compensation	Explanation
ABC Company <b>12</b>	1234567 <b>13</b>	Medical <b>14</b>	01/2004 <b>15</b>	\$120,000.00 <b>16</b>	3% <b>17</b>	\$3,600.00 <b>18</b>	<b>19</b>

## DEFINITIONS

- 1 Producer Name:** The name of the licensed producer receiving compensation.
- 2 Producer Code:** CIGNA assigns this code to each unique producer. Please have this code available when you contact CIGNA.
- 3 Date:** The date represents the date of the compensation cycle. CIGNA has two compensation cycles per month, the 15th and the final calendar day of a month.
- 4 Page:** The statement prints double-sided for multiple pages.
- 5 Check Number or EFT Date:** This field prints either your check number or EFT date. EFT date is the date your Direct Deposit is deposited into your bank account. Please note if the fifteenth or final calendar day falls on a weekend or holiday, the Direct Deposit will be made on the next banking day.
- 6 Previous Balance:** All positive or negative balances that are carried forward from a previous statement.
- 7 Earned this Statement:** The total of all earned commission and/or service fee payments for this compensation cycle.
- 8 Assignments:** All compensation payments that you have assigned to another licensed producer.
- 9 Compensation Payment:** The total commission and/or service fee payment for this compensation cycle. Please note that in most circumstances, payment is issued when the next check payable is \$25 or more.
- 10 Closing Balance:** This field displays all positive or negative balances that will be carried to a future statement. Note for negative balances, please submit a check to: Connecticut General Life Insurance Company, ATTN: Commissions A-149, 900 Cottage Grove Road, Hartford, CT 06152-1149.
- 11 Year to Date:** The total of all compensation payments for the current calendar year.
- 12 Account Name:** The name of the policy on which compensation is being paid.
- 13 Account Number:** The designated account number of the policy on which compensation is being paid.
- 14 Product/Healthplan Site:** The product or healthplan of the policy on which compensation is being paid.
- 15 Month/Year:** The date associated with the compensation.
- 16 Employees or Premiums:** Premium or employee lives for ASO, associated with the payment.
- 17 Comp Rate:** The compensation basis used for the compensation calculation.
- 18 Compensation:** All commission and/or service fees earned this statement.
- 19 Explanation:** Additional explanation for the compensation payment.



**CIGNA**

*A Business of Caring.*

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