

COMMISSION SCHEDULE

E CONTRACT SERIES



UNIVERSAL LIFE																				
Level	Simplified Issue							CGI												
	UL9P		UL10P		UL11P		NJUL13	UL9P	COLI	UL9P/UL20P		UL10P	UL11P		NJUL13					
	1	R	1	R	1	R	S	1	R	1	R	1	R	S	1	R				
7	80	3.50	90	3.50	70	4.50	2.50	80	3.50	75	3.50	65	3.50	85	3.50	65	2.50	2.50	75	3.50
6	75	3.10	85	3.10	65	4.00	2.25	75	3.10	70	3.10	60	3.10	80	3.10	60	2.25	2.25	70	3.10
5	70	2.70	80	2.70	60	3.50	2.00	70	2.70	65	2.70	55	2.70	75	2.70	55	2.00	2.00	65	2.70
4	65	2.30	75	2.30	55	3.00	1.75	65	2.30	60	2.30	50	2.30	70	2.30	50	1.75	1.75	60	2.30
3	60	1.90	70	1.90	50	2.50	1.50	60	1.90	55	1.90	45	1.90	65	1.90	45	1.50	1.50	55	1.90
2	55	1.50	65	1.50	45	2.00	1.25	55	1.50	50	1.50	40	1.50	60	1.50	40	1.25	1.25	50	1.50
1	50	1.10	60	1.10	40	1.50	1.00	50	1.10	45	1.10	35	1.10	55	1.10	35	1.00	1.00	45	1.10
Level	Paper Applications							Electronic Applications												
	UL20P-CGI		UL20P-SI		UL21P-CGI		UL21P-SI	UL20P-CGI	UL20P-SI		UL21P-CGI		UL21P-SI	Large Case Exception ¹						
	1	R ²	1	R ²	1	R ²	1	R ²	1	R ²	1	R ²	1	R ²	1	R ²				
7	90	2.50	90	4.00	65	2.50	70	2.50	95	2.50	95	4.00	70	2.50	75	2.50	75	2.50		
6	85	2.25	85	3.50	60	2.25	65	2.25	90	2.25	90	3.50	65	2.25	70	2.25	70	2.25		
5	80	2.00	80	3.00	55	2.00	60	2.00	85	2.00	85	3.00	60	2.00	65	2.00	65	2.00		
4	75	1.75	75	2.50	50	1.75	55	1.75	80	1.75	80	2.50	55	1.75	60	1.75	60	1.75		
3	70	1.50	70	2.00	45	1.50	50	1.50	75	1.50	75	2.00	50	1.50	55	1.50	55	1.50		
2	65	1.25	65	1.50	40	1.25	45	1.25	70	1.25	70	1.50	45	1.25	50	1.25	50	1.25		
1	60	1.00	60	1.00	35	1.00	40	1.00	65	1.00	65	1.00	40	1.00	45	1.00	45	1.00		
TERM LIFE					GROUP UNIVERSAL LIFE															
Level	HORIZON Term SI			HORIZON Term CGI			Paper Applications				Electronic Applications									
	GUL22P-SI			GUL22P - CGI			GUL22P-SI			GUL22P - CGI			GUL22P-SI			GUL22P - CGI				
	1	R	S	1	R	S	1	R	S	1	R	S	1	R	S	1	R	S		
7	70	4.25	2.25	65	4.25	2.25	90	4.00	1.50	90	2.50	95	4.00	1.50	95	4.00	1.50	95	2.50	
6	65	3.50	1.75	60	3.50	1.75	85	3.50	1.40	85	2.25	90	3.50	1.40	90	2.25	90	2.25		
5	60	3.00	1.50	55	3.00	1.50	80	3.00	1.30	80	2.00	85	3.00	1.30	85	2.00	85	2.00		
4	55	2.50	1.25	50	2.50	1.25	75	2.50	1.20	75	1.75	80	2.50	1.20	80	1.75	80	1.75		
3	50	2.00	1.00	45	2.00	1.00	70	2.00	1.10	70	1.50	75	2.00	1.10	75	1.50	75	1.50		
2	45	1.50	1.00	40	1.50	1.00	65	1.50	1.05	65	1.25	70	1.50	1.05	70	1.25	70	1.25		
1	40	1.00	1.00	35	1.00	1.00	60	1.00	1.00	60	1.00	65	1.00	1.00	65	1.00	65	1.00		
CRITICAL ILLNESS					DENTAL					DISABILITY INCOME										
Level	MY LIFELINE Group				CILP1					Group Dental		DI5W-SI			DI5W-CGI					
	Electronic		Paper																	
	1	R	1	R	1	R	S	1	R	S	1	R	1	R	S	1	R	S		
7	52	9.0	47	9.0	65	9.00	3.5	9.00	9.00	9.00	60.0	14.0	3.5	55.0	10.0	3.5	55.0	10.0	3.5	
6	47	8.0	42	8.0	60	8.00	3.0	8.00	8.00	8.00	51.0	11.0	3.0	46.0	8.0	3.0	46.0	8.0	3.0	
5	42	7.0	37	7.0	55	7.00	2.5	7.00	7.00	7.00	42.0	9.5	2.5	37.0	7.5	2.5	37.0	7.5	2.5	
4	37	6.0	32	6.0	50	6.00	2.0	6.00	6.00	6.00	38.0	7.5	2.0	33.0	6.0	2.0	33.0	6.0	2.0	
3	32	5.0	27	5.0	45	5.00	1.5	5.00	5.00	5.00	34.0	6.5	1.5	29.0	5.0	1.5	29.0	5.0	1.5	
2	27	4.0	22	4.0	40	4.00	1.0	4.00	4.00	4.00	30.0	5.5	1.0	25.0	4.0	1.0	25.0	4.0	1.0	
1	22	3.0	17	3.0	35	3.00	0.5	3.00	3.00	3.00	25.0	5.0	0.5	20.0	3.0	0.5	20.0	3.0	0.5	
ACCIDENT					GROUP VOLUNTARY ACCIDENT							HOSPITAL INDEMNITY								
Level	AP2/AP3 SI		AP2/AP3 Riders		AP2/AP3 CGI		AP2/AP3 Riders CGI		Elec or Paper Without Riders 1 - 1.5 units		Electronic With or Without Riders 2 or more units		Paper With or Without Riders 2 or more units		Payroll SHOP		Payroll SHOP CGI		Individual SHOP	
	1	R	1	R	1	R	1	R	1	R	1	R	1	R	1	R	1	R	1	R
7	55	14.00	55	4.25	50	14.00	50	4.25	9	9.00	47	9.00	42	9.0	55.0	13.0	50.0	13.0	45.0	13.0
6	45	12.00	45	4.00	40	12.00	40	4.00	8	8.00	42	8.00	37	8.0	46.0	10.0	41.0	10.0	36.0	10.0
5	36	9.50	36	3.75	31	9.50	31	3.75	7	7.00	37	7.00	32	7.0	37.0	8.5	32.0	8.5	27.0	8.5
4	32	7.50	32	3.50	27	7.50	27	3.50	6	6.00	32	6.00	27	6.0	33.0	6.5	28.0	6.5	23.0	6.5
3	27	5.50	27	3.25	22	5.50	22	3.25	5	5.00	27	5.00	22	5.0	29.0	5.5	24.0	5.5	19.0	5.5
2	22	4.50	22	3.00	17	4.50	17	3.00	4	4.00	22	4.00	17	4.0	25.0	4.5	20.0	4.5	15.0	4.5
1	18	3.50	18	2.75	13	3.50	13	2.75	3	3.00	17	3.00	12	3.0	20.0	4.0	15.0	4.0	10.0	4.0
GROUP CANCER					CANCER					GROUP VOLUNTARY SHOP					HEART/STROKE					
Level	Group Voluntary Cancer				Without ROPR1		Heritage Provider ³ With ROPR1		CP10 ³		Elec or Paper 1 unit Hosp Benefit		Elec 2 - 6 units Hosp Benefit		Paper 2 - 6 units Hosp Benefit		HSP2			
	Plan 1	1	R	Plan 2	1	R	Plan 3	1	R	1	R	1	R	1	R	1	R			
7	47	9.00	28.0	9.00	9.00	9.00	70	10.00	70	8.00	70	13.00	30.0	9.00	47.0	9.0	42.0	9.0	65	12.00
6	42	8.00	25.0	8.00	8.00	8.00	65	8.00	65	6.67	60	10.00	26.0	8.00	42.0	8.0	37.0	8.0	60	11.00
5	37	7.00	22.0	7.00	7.00	7.00	60	7.00	60	6.00	50	8.00	22.0	7.00	37.0	7.0	32.0	7.0	55	10.00
4	32	6.00	20.0	6.00	6.00	6.00	55	6.00	55	5.33	45	6.00	18.0	6.00	32.0	6.0	27.0	6.0	50	9.00
3	27	5.00	18.0	5.00	5.00	5.00	50	5.00	50	4.67	40	5.00	14.0	5.00	27.0	5.0	22.0	5.0	45	8.00
2	22	4.00	17.0	4.00	4.00	4.00	45	4.00	45	4.00	35	4.00	10.0	4.00	22.0	4.0	17.0	4.0	40	7.00
1	17	3.00	15.0	3.00	3.00	3.00	40	3.00	40	3.33	30	3.00	6.0	3.00	17.0	3.0	12.0	3.0	35	6.00

¹ Large cases (1000 + lives) that enroll electronically may be eligible. Requires AHL approval prior to enrollment.

² R = Renewal rate is doubled in year 6 only.

Commissions for the New Generation Group Critical Illness are determined by AHL on a case by case basis.

Group Voluntary Disability Commissions are 30% of the first 12 months premium of the Group Master Contract and 10% thereafter. Alternatively, 15% Level Commissions can be paid.

Group Voluntary Term Life Commissions on cases with less than 200 Eligible Lives are 45% of the first 12 months premium of the Group Master Contract and 10% thereafter. Alternatively, 20% Level Commissions can be paid. For cases with more than 200 Eligible Lives, commissions are 30% of the first 12 months premium of the Group Master Contract and 10% thereafter. Alternatively, 15% Level Commissions can be paid.

AHL minimedical Commissions are level 10% for all years.

³ Commission rate varies on older issue ages.

Please contact your Regional Office for commissions applicable on CP10, CBP1/2, DI5W, ABR1, AP2, AP3 and all Accident and Sickness Riders, SHOP, HSP2, Critical Illness, Group Cancer, Group SHOP and Group Accident in the following states: CO, FL, IN, MA, MD, MI, MN, NH, ND, NJ, OR, PA, RI, SC, SD, UT, VT, WA, WV, and WY.

1 = First Year--On premium processed within 14 months of policy date for policy year 1

R = Renewal--On premium processed: (i) after 14 months of policy date for policy year 1, or (ii) before 11 years of policy date for policy years 2-10

S = Service Fees--If agent is appointed and contracted with AHL, on premium: (i) processed 11 years or more after policy date, or (ii) for policy years 11 and after.

The payment of commissions is governed solely by the terms and conditions of the written agreement between AHL and the Producer. This schedule expresses commissions as a percentage of qualifying premium, as determined by that written agreement. Nothing contained herein shall be construed as a contract or offer to contract. The information contained herein is subject to change without notice. Commissions on premium rate increases implemented after policy issue will be determined by AHL at the time of implementation.