



## SPLIT COMMISSION FORM

I authorize Medico Insurance Company or Medico Corp Life Insurance Company to split commission between myself and the secondary agent as indicated below. (Splits must equal 100%).

**APPLICANT'S NAME:** \_\_\_\_\_

**PRIMARY WRITING AGENT:** \_\_\_\_\_

**PRIMARY WRITING AGENT #:** \_\_\_\_\_

**PRIMARY WRITING AGENT SPLIT PERCENTAGE:** \_\_\_\_\_

**SECONDARY AGENT:** \_\_\_\_\_

**SECONDARY AGENT #:** \_\_\_\_\_

**SECONDARY AGENT SPLIT PERCENTAGE:** \_\_\_\_\_

The split commission form must accompany the application and must be submitted to the home office. Split commission forms received after the application has been submitted will not be honored.

Commissions shall be payable in accordance with the terms of your agreement with Medico Insurance Company and/or Medico Corp Life Insurance Company.