

**JME INSURANCE AGENCY**  
**972.245.0266 PHONE**  
**972.245.2455 FAX**  
**WWW.JMEINSURANCE.COM**

**BROKER COMPENSATION DISCLOSURE FORM**

The following constitutes JME Insurance Agency (the “Company”) disclosure of direct and indirect compensation the Company will receive or reasonably expects to receive in connection with the below referenced services it provides to you.

- Review of renewal rates with current carrier and obtain quotes from other carriers for comparison. Recommend action for renewal—change carrier/benefit plans/employer contribution.
- Assist in completing paperwork required for new/renewal business.
- For group plans, prepare employee packets to provide your staff with plan rates/information/required documents so they can make an election for open enrollment/initial enrollment.
- Process all paperwork for new group enrollment with the specified carrier.
- Process changes for employees at open/special enrollment times.
- Provide education on our website and in employee packets about Health Savings Accounts (HSA), FSA, and HRA as applicable.
- Provide training on the use of carrier websites as a group administrator and/or as a member.
- Answer questions about benefits from group administrators and members
- Advise clients of new rules/changes as they occur, and impact/action needed.
- Provide information on our website for easy reference, such as COVID benefits, etc.
- Answer questions about benefits and help with questionable claims.

The Company does not provide the above-referenced services to Client in the capacity of a plan fiduciary.

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The Company reasonably expects to receive direct compensation for the placement of the below lines of coverage in the form of a commission paid by the carrier or vendor, in the amount indicated below:

Coverage Line	Carrier/Vendor/Fee Agreement	PEPM, Standard Commission, Commission Schedule, or Compensation Calculation
Small Group Medical/Dental	BCBSTX	See attached Commission Schedules
Small Group Life, Basic ADD, Basic STD Basic LTD, SLife, SADD, VLife, VADD, VSTD and VLTD	BCBSTX (Dearborn National)	15%
Vision	BCBSTX	10%
Individual U65 policies Medical and Dental	BCBSTX	See attached Commission Schedules
Small Group Medical/Dental/Life	UHC	See attached Commission Schedules
Small Group Dental/Life/Vison	Humana	See attached Commission Schedules

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Small Group Medical/Dental/Life	Scott and White Health Plan	See attached Commission Schedules
Small Group Dental Life/Disability	MetLife	10% Dental, Vision 15% Life, Short Term Disability
Middle Market Group Medical/Dental/Life		PEPM _____ specific to group Per Employee Per Month

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**Indirect Compensation**

In addition to the above, the Company reasonably expects to receive the following indirect compensation:

Description of Indirect Compensation	Amount of, or Description of Calculation for, Indirect Compensation	Services for Which Indirect Compensation Will be Received	Payer of Indirect Compensation
Bonus	\$ unable to determine	Place/renew business	Carriers-see attached schedules

**Other Compensation**

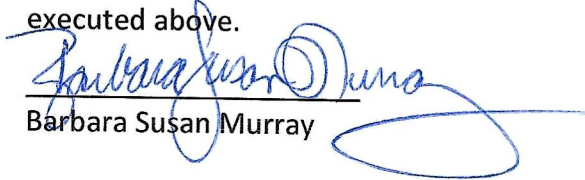
The Company may earn additional compensation from any of the above referenced insurers, vendors, or other third parties that cannot be calculated as of the time this disclosure is made to you, or prior to the date the Company's executed, extended, or renewed contract with you is effective. For example, the Company may receive additional compensation contingent upon certain conditions being met, including, but not limited to, profitability, growth, churn/retention, or the volume of services provided. Compensation may be in the form of additional commissions, bonuses or benefits ("compensation"). Furthermore, we may receive corporate sponsorships for webinars, training, or other programming we provide for you and other clients, or for our own internal training. Whether we receive any of the above referenced compensation, or how much that compensation may be, cannot be discerned at this time.

Should you have any questions about any of the above information or require additional information, please don't hesitate to contact Susan Murray] at [smurray@jmeinsurance.com](mailto:smurray@jmeinsurance.com) or 214.535.2133.



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The above information is accurate to the best of my knowledge as of the date this disclosure is executed above.

  
Barbara Susan Murray

Date: April 7, 2023

I acknowledge that I received the above referenced Broker Disclosure form from JME Insurance Agency, and that I have read and understand the disclosures made. I understand that I can ask questions regarding the information included in this disclosure form at any time. Further, I understand that if I do not sign this acknowledgement within 15 business days from receipt, it will be deemed to be acknowledged and accepted by me.

\_\_\_\_\_  
202\_

Date: \_\_\_\_\_,

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_