



**THIRD PARTY ADMINISTRATOR QUESTIONNAIRE**

**Attached to and forming part of the Client Information Questionnaire**

**Required only for groups being administered by a Third Party Administrator (TPA) Administration Fee and Compensation Agreement**

Name of the Policyholder: \_\_\_\_\_

**RATE AND FEE STRUCTURE:**

1. Gross Billing Rate to Policyholder: \_\_\_\_\_

2. Commission Schedule – check (✓) the applicable:

a)  Standard Schedule

Net

Flat: \_\_\_\_\_

b)  Commission withheld by TPA

Unum pays commissions

3. Administration Fees: \_\_\_\_\_

4. Enrolment Fees: \_\_\_\_\_

5. Association Fees/Dues: \_\_\_\_\_

6. Unum's Net Rates: \_\_\_\_\_

Name of the TPA: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Name of Broker (PLEASE PRINT)

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Date Signed