



1 (347) 971-3399



www.essentialcareagents.com



contracts@essentialcare.info



Essential Care Free Medicare Lead Program Agent Agreement

- The program reimburses 100% of costs up to \$500/month for Medicare leads, marketing, or advertising costs for the first 6 months of participation in the program.
- After 6 months, reimbursement will be 50% up to \$500/month.
 - o Example- \$1,000 of expenses submitted would pay a \$500 reimbursement for the month.
- The 100% reimbursement will start when the first reimbursement is submitted and reduce to 50% in 6 months.
- Reimbursement will reduce to 50% after 3 months if 6 applications (Medicare Advantage or Medicare Supplement) have not been submitted in that time.
- A minimum of 5 sales per month (Medicare Advantage or Medicare Supplement) will be required to continue being reimbursed at the 50% level. Continued participation will be determined on a case-by-case basis.
- Release requests will not be honored until 6 months after an agent's last reimbursement.
- Agents will receive full street commission. New and renewal commissions will not be reduced while participating in the lead program. Agents will continue to own their individual books of business.
- Agents will only be reimbursed for one type of expense per month. Receipts for more than one type of expense will not be accepted.
- Receipts of expenses must reflect the expense was exclusive to Medicare, show that has been paid and be submitted to our office within 30 days of the transaction. (Email to contracts@essentialcare.info).
- **Essential Care must be the upline for all active Medicare companies. There will be no exceptions.**
- Agent does not need to have other lines of business with Essential Care to participate.
- Agents may only enter one submission per calendar month.
- Receipts cannot be altered or have information redacted in any fashion.
- Gift card or client referral gift receipts are not reimbursable.

AGENT SIGNATURE: _____

AGENT NAME: _____ DATE: _____

*EssentialCare reserves the right to change or alter program requirements at anytime.

OFFICE (347) 971-3399 • FAX (845) 637-3335 • MOBILE (347) 393-9052



Life&Health Insurance Agency

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