**SERVICE FEE AGREEMENT BETWEEN EMPLOYER AND SERVICE PROVIDER**

**(Exhibit B)**

**SERVICE FEE AGREEMENT**

**[Insert Legal Name of Broker or Consultant]** (“Service Provider”) and **Wisconsin Manufacturers & Commerce** (“Clients”) (collectively, the “Parties”) enter into this agreement on **[Insert Date]**.

In consideration of good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, the Parties agree to the following:

1. Service Provider shall provide the services described in the attached Schedule A to this Agreement (the “Services”).
2. Clients shall pay Service Provider a fee for such Services as is set forth in Schedule B to this Agreement (the “Fee”).
3. Service Provider agrees to maintain any and all licenses required by any applicable state, local and/or federal regulatory agencies, and meet any and all legal requirements necessary to perform the Services and to receive the Fee.
4. Both Clients and Service Provider understand and agree that entering into this Service Fee Agreement and the payment of the Fee is not a condition of the purchase or retention of any health insurance coverage, and that the Fee is not now, and shall never be, included as a component of any medical premium associated with a policy of health insurance which may have been or be in the future purchased by Clients, even if such Fee is administered by the insurance company issuing such policy and/or included on the same invoice with the medical premium for such insurance.
5. Both Clients and Service Provider understand and agree that this Agreement shall continue in full force and effect until the earlier of: (a) the date the Service Provider is no longer legally authorized to perform the Services described herein (e.g. no longer maintains appropriate license); or (b) thirty (30) days from the date either Party provides the other Party with written notice of termination.
6. Any provision of this Agreement may be amended or waived if such amendment is in writing and signed by each of the Parties.

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Employer Member Client Signature Date

­­  11/3/2020

Association Health Plan Client Signature Date

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Service Provider Signature Date

**SERVICE FEE AGREEMENT SCHEDULE A**

Provision of group health insurance.

**SERVICE FEE AGREEMENT SCHEDULE B**

**ADDENDUM 1**

**MANAGEMENT FEE**

The Association establishes the Management Fee to be paid by all Employer Members as the following:

Please check only one of the following Management Fee payment methods:

X **Percentage of Required Contribution** 1.5 %

[\_] **Per Employee Per Month (PEPM)** $ [\_\_\_\_\_\_\_\_\_\_\_\_\_] .00