

AETNA HEALTH AND LIFE INSURANCE COMPANY
Medicare Supplement Plans
Schedule of Commissions – Montana

This Schedule of Commissions (Schedule) becomes a part of your Contract and is subject to all its provisions when signed by an authorized Company representative. This Schedule supersedes any prior dated Schedule. The Company has the unilateral right to amend this Schedule, provided it gives notice of the amendment and effective date to you in writing. No such amendment shall affect commissions payable with respect to applications taken prior to the effective date of such amendment. For agents contracted on or after the effective date of this Schedule, your effective date shall correspond with the date this Schedule is signed by an authorized Company representative below.

The provisions and conditions of this Schedule shall apply only to insurance products specifically identified in this Schedule.

Commissions under this Schedule shall be vested in accordance with the terms of your contract. The Agent must be licensed and appointed at the time the application is taken to receive commissions for such a sale.

Your commissions will be based on the Schedule of the resident state of the applicant and applies to Medicare supplement applications dated on or after the effective date of the Schedule and which result in a policy issued by the Company. Commissions are paid on premiums collected and earned by the Company from applications obtained by you on which the Company has issued a policy and while this Schedule is in effect. Commissions are based on a percentage of the modal premium received by the Company, unless otherwise stated.

Commissions are paid on the premium less the Medicare Part B deductible amount and the policy fee, where applicable.

No commissions are paid on premium rate increases.

Commissions on internal replacements, conversions or exchanges of existing policies to the same or different plans between Company, its affiliates, or a Genworth Financial affiliated Company (when such plans are administered by an Aetna affiliated company) are subject to the Company's Replacement Rules.

There will be a 100% commission chargeback if a policy is rescinded and premiums are returned.

All commissions payable are subject to adjustment due to limitations and/or restrictions imposed by any applicable laws or regulations.

Compensation paid will be based on the percentage rate shown in the schedule below for the policy's duration period for which the commissionable premiums apply, reduced by any compensation due a sub-producing General Agent or Agent, and less any debt owed the Company.

| Medicare Supplement Plans | Issue Ages | Policy Years 1 - 6 | Policy Years 7 and beyond |
|------------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------|
| All Plans Currently Marketed by AHLIC | Ages 65 and above Open Enrollment (OE) and Underwritten | 19% | 3% |
| Only Plans Required By State Law | Ages 65 and above Guaranteed Issue (GI) | 19% | 3% |
| | Under age 65 OE, GI, or UW | 0.5% | 0% |

Submission of applications dated after the Effective Date of this Schedule will constitute an acknowledgement and acceptance by the Agent.

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| HOME OFFICE USE ONLY | |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Aetna Health and Life Insurance Company | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Effective Date |