

## MEMBER INSURANCE BENEFITS

### Membership Agent Agreement

- **Definition:** Member Insurance Benefits (MIB) is a One Southern Indiana Affinity Program. The intent of the program is to offer ancillary insurance benefits to our members at more competitive rates. The program is designed to allow our Agent Members the opportunity to offer the program to their clients. The program can also be used as a tool to recruit new customers to your agency.
  - **MIB:** The program, Member Insurance Benefits, or MIB, which will offer member employers and, in some cases, individuals, the opportunity to purchase insurance at discounted, large group rates. The first phase of the program, with an effective date of May 1, 2017, will include ancillary insurances, listed below.
    - Life Insurance
    - Long/Short Term Disability
    - Vision Insurance
    - Dental Insurance
    - Pet Insurance
    - Section 125 Premium-Only-Plan
1. Member must be in good standing with One Southern Indiana to offer benefits to their employees.
  2. Member Insurance Agents must be in good standing with One Southern Indiana to offer the benefits to their clients and customers.
  3. Affinity Partner must be in good standing with One Southern Indiana to maintain this affinity agreement.
  4. In year one of this offering, agents must be a member at the Classic Level. In year two and going forward, agents must be Regional Advantage or higher member in good standing.
  5. Agents are encouraged to purchase a booth at our annual Business Expo, held each year in October.
  6. Every effort will be made to ensure that 1si will be held harmless in the event that the service provider defaults on its commitment to members.

MIB Partnerships will be closely monitored and evaluated on a quarterly basis to ensure that the agents and members who use this program are in good standing. At the end of each quarter, if an agent is not in good standing, their permission to use this program will be terminated. Either party may terminate this agreement with a 90 day advance written notice.

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Agent Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
1si President & CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization