## Easy Choice Health Plan of New York Producer Compensation Disclosure Statement

Insured Name:			
The following disclosure is p NYCRR 30.1 etseq.) (the "p	provided pursuant to producer") is an ins	o New York State Insurance Department Re surance producer licensed by the State Of	gulation No. 194 (11
(Agent Name)			
benefits, terms and conditio particular insurance contract	ns of insurance con cts; to sell insurance	by their license to confer with insurance purc ntracts; to offer advice concerning the substa e; and to obtain insurance for purchasers. The e or more of these activities.	antive benefits of
the insurer(s) and insurance selling the insurance contra of factors, including the insufactors such as the volume	e contract(s) the p act or by another thurance contract(s) of business a produ	ased on the insurance contract the producer urchaser selects, compensation will be paid in party. Such compensation may vary depand the insurer(s) the purchaser selects. In sucer provides to an insurer or the profitability so may affect compensation.	by the insurer(s) sending on a number some cases, other
based in whole or in part or	n the sale of insura ole or in part on an	on about compensation expected to be recence to the purchaser, and (if applicable) con y alternative quotes presented to the purchase.	npensation expected
I have read and understand	I the information co	ntained in this disclosure:	
(Purchaser Signature)	Date	(Producer Signature)	Date