



Compensation Statement Summary

Payee Information

Professional Group Plans Inc
225 Wireless Blvd Ste 200

ID : AA0303725

Hauppauge, NY 11788

Compensation Period Start Date 11/01/2022

Compensation Period End Date 11/30/2022

Commission Contact Info

www.uhone.com/broker

Broker Service 800-474-4467

Allsavers 866-405-7174

Commission Summary Information

Opening Balance	\$0.00
Commissions	\$0.00
Overrides	\$0.00
Other	(\$50.00)
Bonus	\$0.00
EFT/Check Amount	\$0.00
Closing Balance	(\$50.00)
Pending Commissions	\$0.00
YTD Earnings	\$46,959.08

Commission Message:**Reason Description**

ADJ = Adjustment
 COMM = Commissions
 DED = Deduction
 FEE = Fee
 GARN = Garnishment
 OVR = Override
 PEND = Pending commission missing information
 PMT = Payment Applied
 REFUND = Refund
 REN FEE = Appointment Renewal Fee

Coverage Type

AD Accidental Death
 AF Application Fee
 CI Critical Illness
 D Dental
 EA Enhanced Accident
 L Enhanced Term Life
 M Medical
 P Portability
 TL Medical With Decreasing Term Life
 V Vision

This is a test to verify the commission statement on the monthly payout



Compensation Statement Commissions

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Producer of Record	CO	Policy Number	Policy Name	Age at Eff Date	St	1st Yr Policy Count	Policy Eff Date	Plan	Cov Type	Premium Due Date	Count	Activity Date	Year	Comm Premium	Comm Rate	Commission	Reason
Professional Group Plans Inc	AA0303725																
		GRIC														(\$25.00)	REN FEE
																(\$25.00)	Subtotal
Stephen M Louro	AA0365059																
		GRIC														(\$25.00)	REN FEE
																(\$25.00)	Subtotal