



**ADDENDUM
TO**

The Agency/Agent Agreement entered into between Delta Dental Plan of Michigan, Inc. (Delta Dental) and _____ (Agency/Agent) on _____.

Delta Dental and the Agency/Agent do mutually agree as follows:

This Addendum shall apply to new business sold to members of the following groups with effective dates of April 1, 2009 through December 31, 2010:

- Macomb Chamber of Commerce
- Troy Chamber of Commerce
- Grosse Pointe Chamber of Commerce

and to members of the following groups with effective dates of September 1, 2009 through December 31, 2010:

- Chaldean-American Chamber of Commerce
- American Arab Chamber of Commerce
- Waterford Chamber of Commerce
- Sterling Heights Area Chamber of Commerce

and identified by Delta Dental as such (the "Clients"). Renewal business is not included.

With respect to the Clients, the current language in section 5.1 of Delta Dental's Agency/Agent Agreement shall remain in full force and effect.

In addition, effective for Clients with effective dates as set forth above, only, Section 5: Compensation, 5.1, with respect to the Clients only, shall also read:

Provided that Agency or Agent performs services related to such Client(s) in a manner satisfactory to Delta Dental, then Delta Dental will pay Agency/Agent additional Bonus Compensation, in addition to the commission provided for in the Agency/Agent Agreement, in the amount set forth in the following Schedule:

Chamber Product Bonus Compensation	
Group Size as of the Effective Date	Bonus Compensation
10 to 24 subscribers	\$150.00
25 or more subscribers	\$250.00

Payment of the Bonus Compensation shall be tendered to the Agency/Agent during the month following the Client effective date. No payment will be made if Agency/Agent has not signed and returned this Addendum to Delta Dental.

This Bonus Compensation program is only applicable to new business written for the Clients specified in this Addendum, and for the initial contract term only that falls within the effective dates stated in this Addendum. This Addendum does not apply to renewal business written within the effective dates or to subsequent renewal of business written pursuant to this Addendum. Upon expiration of this Addendum, the commission schedule as contained in the Agency/Agent Agreement will remain in full force and effect as long as the Agency/Agent remains the Agent of Record for the client.

In no event will Delta Dental pay Agency/Agent any Bonus Compensation for any time period occurring after any expiration or termination of this Addendum or the Agency/Agent Agreement. If a Client terminates its contract before the expiration date of the contract, or if the terms of the contract are renegotiated, Delta Dental reserves the right to seek repayment of a pro rata share of any Bonus Compensation amount paid for that Client, or to offset said amounts from future commission payments to Agency/Agent.

Delta Dental retains sole discretion and sole decision making authority regarding whether a client is included as a Client to which this Addendum applies.

Agency or Agent shall disclose in writing to the Client, in advance of the purchase of business, the nature of any compensation the Agency or Agent will or may receive or be eligible to receive from Delta Dental in connection with the placement or servicing of the Client's business, including Bonus Compensation payments, as well as the nature of any other material business relationship between the Agency or Agent and Delta Dental. This requirement is a condition to eligibility for receiving compensation under Delta Dental's agency/agent compensation program as described in Delta Dental's Agency/Agent Agreement. Delta Dental will report to Agent's or Agency's designated Clients, on the Schedule A Form 5500, all commissions and other incentive compensation paid to Agency or Agent for work performed on behalf of such Clients.

By signing this Addendum I warrant and represent that I have made full disclosure to the Clients of any and all compensation received from Delta Dental related to the Client's purchase of a Delta Dental benefit plan.


"AGENCY OFFICER/AGENT"

By: _____

Its: _____

"DELTA DENTAL"

Delta Dental Plan of Michigan, Inc.



Thomas J. Fleszar, D.D.S., M.S.

Its: Chief Executive Officer