



# 2017 Anthem<sup>®</sup> Flex Herbicide Assurance Program

## Program Description:

FMC assures Anthem<sup>®</sup> Flex herbicide provides 80 percent Italian ryegrass control up to 45 days after application. Anthem Flex herbicide is a highly effective herbicide for the control of Italian ryegrass in fall planted wheat when used according to label directions. Apply 2.5 to 4.5 ounces (see chart below) Anthem Flex herbicide per acre as a delayed pre-emergence to wheat for control of Italian ryegrass. The delayed pre-emergence application timing should be when the wheat seed radical is at least 0.5 inches long but prior to wheat spiking. This usually occurs three to five days after planting, but can vary widely depending on soil moisture and temperature.

Qualifying Product	Assurance Benefit	Minimum Application Rates by Soil Texture		
		Coarse	Medium	Fine
Anthem <sup>®</sup> Flex Herbicide	80% Italian ryegrass control up to 45 days after application	2.5 – 2.7	2.75 – 3.5	3.5 – 4.5

FMC assures 80 percent ryegrass control up to 45 days after application if the following conditions are met:

- Wheat is planted on clean seedbed with no Italian ryegrass germinated. Paraquat or other effective non-selective herbicide must be used to ensure no Italian ryegrass is present at planting.
- Anthem Flex herbicide is applied delayed pre-emergence as described above
- The correct label rate is applied according to target weed and soil texture
- At least 0.5 inches of rainfall occurs within 10 days after application
- Grower must have an untreated check in order to validate weed control

In the event a grower does not achieve at least 80 percent control up to 45 days after application, FMC will pay up to \$4/A toward the cost of a post-emergent herbicide application.

To be eligible for this program, growers need to contact their FMC Retail Market Manager or Star Retailer before making an application of a post-emergent herbicide.

## Program Requirements:

1. Leave a check strip in each field and mark its location
2. Use identical seed varieties or hybrids, fertility, tillage, seeding rate and weed control programs in all comparison check strips.
3. Variable rate seeding technologies and crops grown for seed do not qualify for this program
4. Products must be applied according to label use directions
5. Growers must sign agreement to participate in assurance program by **November 30, 2017**
6. Record and save product lot or batch numbers
7. If there is a concern about return on investment, you must contact your FMC representative no later than **45 days post application date**





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<b>Program Period:</b>	September 1, 2017 – November 30, 2017
<b>Program Geography:</b>	AL, AR, CO, DE, GA, KS, KY, LA, MD, MS, NC, OK, PA, SC, TN, TX and VA
<b>Program Submission Date:</b>	January 31, 2018
<b>Program Payment Date:</b>	30 days after claim submission to FMC

### Program Rules & Conditions:

1. FMC reserves the right to change any or all features of this program at any time
2. Assurance benefit is for product costs only. Application and other related costs are excluded from assurance payments
3. An authorized FMC representative must be notified of a claim prior to the established deadline and have a reasonable opportunity to inspect prior to any additional product applications. The authorized FMC representative must confirm inadequate product performance
4. Proof of purchase is required. Only FMC branded products purchased from FMC Authorized distributors or retailers and reported by Data Dimensions is eligible for payment under this program
5. Only product purchased for resale to growers is eligible for payment under the terms of this program
6. Incentive checks will not be issued for less than \$500. All payments are subject to final approval by FMC Corporation
7. FMC reserves the right to audit all claims. Misreported sales of any type are a clear violation of this program and will be subject to audit and possible forfeiture of any and all program benefits
8. To qualify, growers must submit copies of qualifying FMC brand product invoice(s) to:

**FMC Corporation, Program Administration, P.O. Box 221978, Charlotte, NC 28222**

9. Documents must be mailed no later than January 31, 2018 to qualify for program benefits
10. FMC is in no way liable or responsible for any grower failure to pay the retailer





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Grower must be enrolled prior to application and before **November 30, 2017**.

I agree to the above eligibility requirements and specified program guidelines. All decisions made by FMC Corporation or FMC Corporation representative are final.

\_\_\_\_\_  
(Grower Signature)

\_\_\_\_\_  
(Date)

Grower Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Enrolled Acres: \_\_\_\_\_

\_\_\_\_\_  
(FMC Star Retailer Signature)

\_\_\_\_\_  
(Date)

Retailer Name: \_\_\_\_\_

City: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

