

**TEMPLATE –
Broker of Record For New Brokers or Broker Change Notification**

UnitedHealthcare will accept Employer Group requests to add new Broker of Record (Writing Agent) or change the Broker of Record (Writing Agent) on a case provided that the request meets the following qualifications:

- Is made in writing by an authorized representative of the Employer Group on the Employer Group's letterhead
- Is directed to UnitedHealthcare (not the new Broker of Record)
- Designates the Broker of Record using the name by which they are appointed by us
- Specifies the lines of coverage impacted
- States that the Employer Group's instructions to name Broker of Record supersede other designations, and terminates commissions and other payments to any prior Broker.
- The letter must be signed by an executive or officer who has authority to sign legal documents for the Employer Group.

The language in the sample Broker of Record letter on the following page meets our requirements and may be used by Employer Groups to assign New Brokers to their case or for a change in Broker.

INSTRUCTIONS

Complete forms and return documents by one of the following:

Email: Group_retiree_broker@uhc.com *(Email strongly preferred)*

Fax: (1. 215.902.8812)

Mail to:

ATTN: GROUP RETIREE BROKER ADMIN PA062-1000

UNITEDHEALTHCARE

680 Blair Mill Road

HORSHAM, PA 19044

Employer letterhead

Date

ATTN GROUP RETIREE BROKER ADMIN PA062-1000
UNITEDHEALTHCARE
680 Blair Mill Road
HORSHAM, PA 19044

Re: Policy number(s): _____

Dear UnitedHealthcare,

On <date> we have appointed <Broker's name/description if applicable> at <Agency name> <Agency's tax ID/UHC Producer ID*> as our exclusive broker (insurance agent) for <all lines of coverage / list specific lines of coverage>].

The appointment of <Broker or Agency name> rescinds and supersedes all previous Broker appointments and shall remain in force until cancelled in writing. I understand that UnitedHealthcare will make this appointment effective on the first of the month following your receipt of this letter, and that once effective, all commissions and other compensation payable from that date forward will be paid to the Broker appointed in this letter.

I represent that I am authorized to appoint a Broker for the lines of coverage that are included in this letter.

Sincerely,

<Name>

<Title>

<Telephone Number>

**Adding the Agency's tax ID number or UnitedHealthcare producer ID after the name is optional, but will expedite processing.*