

# Broker of Record Authorization



(New Business Only) NOTE: Existing group BORs must be submitted on group letterhead, signed by authorized company representative

This form must be completed by the appropriate parties in order to designate a producer as broker-of-record for a group. In order to revoke this designation, Coventry Health Care of DE, Inc. must receive formal written notice on company letterhead signed by an authorized representative of the company.

## To be completed by the broker: (Please complete all required fields legibly)

Primary Writing Agent Name: \_\_\_\_\_  
(Required)

Social Security Number: \_\_\_\_\_  
(Required)

Primary Agency Name: \_\_\_\_\_  
(If applicable)

Telephone Number: \_\_\_\_\_

Primary Commission Payable To: \_\_\_\_\_  
(Required)

Tax ID Number: \_\_\_\_\_  
(Required)

Secondary Writing Agent Name: \_\_\_\_\_  
(Required, if commissions are to be split)

Social Security Number: \_\_\_\_\_  
(Required)

Secondary Agency Name: \_\_\_\_\_  
(Required, if applicable when commissions are to be split)

Telephone Number: \_\_\_\_\_

Secondary Commission Payable To: \_\_\_\_\_  
(Required, if commissions are to be split)

Tax ID Number: \_\_\_\_\_  
(Required)

In the event that commissions must be split between two brokers and/or agencies, please provide the applicable split percentages below:

Primary Broker \_\_\_\_\_%      Secondary Broker \_\_\_\_\_%  
(Total of primary and secondary brokers must equal 100%)

Primary Agency \_\_\_\_\_%      Secondary Agency \_\_\_\_\_%  
(Total of primary and secondary agencies must equal 100%)

## THIRD PARTY ADMINISTRATOR (TPA) INFORMATION (When applicable. Premium and commissions will be collected and paid by the TPA)

TPA: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_  
(Required, when applicable)

## FOR DIRECT SALES ONLY

By placing a check in this box, you confirm that this sale is being made direct with Coventry Health Care of Delaware, Inc. and that no broker should represent you. ☐

## GROUP IDENTIFICATION

Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## FOR GROUPS 51+

Coventry Health Care of DE, Inc. will pay commissions on premium paid to the payable listed above for the group policy identified above. A commission rate of \_\_\_\_\_ percent will be paid while this agreement is in effect. If the group policyholder tells us in writing that you are no longer to act as agent, this agreement will terminate per the contractual guidelines outlined in the Agency Compensation Agreement between you and Coventry Health Care of DE, Inc. Your commission paying period begins on the effective date of the group policy. We may, by written notice to you, change this rate. We pay commissions on premiums received. Commissions will be reversed on any premium refunded. We may offset any amounts you owe us against any amounts we owe you. When applicable, the commission rate will be split according to the percentages listed above.

This agreement takes effect when signed by the agent and we receive and accept it at our home office in Bethesda, Maryland.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Coventry Health Care Signature \_\_\_\_\_ Date \_\_\_\_\_

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