



CONSENT FORM
AUTHORIZATION FOR BROKER TO ACT AS BENEFITS ADMINISTRATOR

Broker Authorization:

The undersigned hereby requests Oxford Health Plans to accept the Broker or General Agent named below as an authorized Benefits Administrator for purposes of processing any enrollment transactions for my company's Oxford Health Plan policy (including, but not limited to, Member enrollments, Member terminations, Member address changes, group contact changes, group address changes, plan renewal changes, and group contract terminations):

(Name of Broker or General Agent)

This authorization shall be effective immediately and shall (check one only):

_____ Remain in place until it is expressly revoked by me in writing.

_____ Remain in place until _____.
(Date)

Further, I agree that my company will be bound by the actions performed by the herein-named Broker or General Agent pursuant to this Consent Form. Additionally, I agree that this Consent Form does not authorize anyone to receive individually identifiable health information about any Oxford Member. I acknowledge that I must notify Oxford in writing to void this agreement in the event of a change in my company's Broker of Record.

Signature *Printed Name* *Title (Officer or Owner)*

Group Name *Group ID#* *Date*

Please contact Group Services prior to submitting this Consent Form to Oxford. A Group Service representative will then indicate the mailing address or fax number that should be used when submitting the Consent Form.