

# **SAMPLE**

## **AGENT/BROKER OF RECORD LETTER**

**(TO BE SUBMITTED ON EMPLOYER GROUP LETTERHEAD ONLY)**

Date (**IMPORTANT**)

RE: CoOpportunity Health Group Plan, Group # \_\_\_\_\_

Company Name  
Company Street Address  
Company City, State, Zip

Dear CoOpportunity Health:

This is to notify you that our company has appointed (name of agent), whose business address is (street, city, state, zip code) as our sole insurance representative, with respect to coverage provided to this organization by CoOpportunity Health effective (month, date, year). I have authorized (him/her) to act on my behalf in place of (former agent/broker name) whose business address is (street, city, state, zip code). (This sentence only needed if replacing former agent).

This designation will remain in effect until we notify CoOpportunity Health in writing to the contrary.

Sincerely,

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Please print (Officer Name)

\_\_\_\_\_  
Title of Company Officer

\_\_\_\_\_  
Phone Number of Company Officer