

(TO BE SUBMITTED ON GROUP LETTERHEAD ONLY)

AGENT/BROKER OF RECORD LETTER

Date (IMPORTANT)

<Name of Broker Program Manager>
Broker Program Manager
Univera Healthcare
205 Park Club Lane
Buffalo, New York 14221-5239

Dear <Name of Broker Program Manager>:

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 Univera Healthcare 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).*

I understand that if our company elects to purchase coverage from your company that <Name of Agent> may be entitled to base and/or bonus compensation for our business.

This designation will remain in effect until we notify Univera Healthcare in writing to the contrary.

Sincerely,

Signature of Company Officer

Please print (Officer Name)

Title of Company Officer