

Letter of Consultation

Univera Healthcare  
Attn: Broker Administration  
165 Court Street  
Rochester, New York 14647

Consulting Agency Name:  
Consulting Agency Address:

City, State, Zip Code:

Dear Broker Administration Team:

Effective \_\_\_\_\_ (date), Our company hereby authorized Univera Healthcare  
to release information pertaining to our company's \_\_\_\_\_ coverage to the Consultant  
Agency named above.

We understand this letter does not authorize the above-named Consultant to act on our behalf  
regarding any updates or changes to our current benefits.

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

Sincerely,

Signature of Company Officer \_\_\_\_\_  
(e-signatures accepted if authenticated)

Please print (Officer Name)

Title of Company Officer