

**SAMPLE
AGENT/BROKER OF RECORD LETTER
(TO BE SUBMITTED ON GROUP LETTERHEAD ONLY)**

Date (**IMPORTANT**)

Broker Program Manager
Excellus BlueCross BlueShield
165 Court Street
Rochester, NY 14647

Dear Broker Administration Team:

This is to notify you that our company has appointed (name of agent), whose business address is (street, city, state, zip code) as our (line of business – Medical, Dental, Rx, Sole) insurance representative, with respect to coverage provided to this organization by Excellus BlueCross BlueShield 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 Excellus BlueCross BlueShield in writing to the contrary.

Sincerely,

Signature of Company Officer _____

Please print (Officer Name) _____

Title of Company Officer _____