

**AGENT/BROKER OF RECORD LETTER**

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

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**Date (IMPORTANT)**

Broker Program Manager  
Univera Healthcare  
205 Park Club Lane  
Buffalo, NY 14221-5239

Dear Broker Program Manager:

This is to notify you that our company has appointed **<name of broker/agency>**, whose business address is **<street, city, state, zip code>** as our **<sole or specific line of business - medical, dental, Rx>** insurance representative, with respect to coverage provided to this organization by Univera Healthcare effective **<month, date, year>**. I have authorized them to act on my behalf in place of **<former broker's/agency's name>** whose business address is **<street, city, state, zip code>**. (This sentence only needed if replacing former broker/agency.)

I understand that if our company elects to purchase coverage from your company that **<name of broker/agency>** 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 \_\_\_\_\_