

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

Group Number(s):

Broker Agency Name:  
Broker Agency Address:  
City, State, Zip Code

Dear Broker Administration Team:

Effective \_\_\_\_\_ (effective date), Our company hereby designates the above named Broker as our sole insurance representative with respect to coverage provided to this organization by Univera Healthcare.

I understand that if our company elects to purchase coverage from your company that the named 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 \_\_\_\_\_  
(e-signatures accepted if authenticated)

Please print (Officer Name)

Title of Company Officer