

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.

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