

(ON YOUR COMPANY STATIONERY)

DATE:

CARRIER / INSURER  
CARRIER STREET ADDRESS

**RE: BROKER'S LETTER OF RECORD**

Dear:

This confirms that as of (DATE) we have appointed (BROKER) as our exclusive Insurance Broker with respect to our Commercial Health Insurance Plan as follows:

CARRIER  
POLICY NUMBER

This confirms that as of (DATE) we have appointed (CERTIFIED AGENT) on behalf of (BROKER AGENCY) as our exclusive Insurance Broker with respect to our Medicare Advantage Health Insurance Plan.

The appointment of (BROKER) rescinds all previous appointments and the authority contained herein shall remain in full force until canceled in writing.

(BROKER) is hereby authorized to negotiate directly with any interested company as respect to changes in existing insurance policies and in closing, changing, increasing or canceling insurance carried under temporary binders or cover notes. We understand, however, that they will not share responsibility for any deficiencies in the insurance program to which this letter applies until they have had reasonable opportunity to make a review and to provide us with their recommendations.

This letter also constitutes your authority to furnish (BROKER)'s representatives with all information they may request as it pertains to our insurance contracts, rates, rating schedules, surveys, reserves, retentions and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance program to which this letter applies, except as may be restricted or prohibited by law and by MVP Health Care policy. We request that you do not communicate such information to anyone else.

**I hereby authorized (BROKER), through *easyLink* for Brokers, the following access to our company's insurance information.**

- \_\_\_\_\_ **View Only - Allows (Broker) to view Member information online, but not the ability to make changes**
- \_\_\_\_\_ **Full Access - Allows broker to enroll, term and make routine transactions online**
- \_\_\_\_\_ **No Access - We do not approve (Broker) to have any online access to our employees benefit information via *easylink* for Brokers**
- \_\_\_\_\_ **Direct Access We would like access to *easylink* for Employers**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
email address

Sincerely,

(NAME OF COMPANY)

Authorized Signature  
Title of Officer