

# MVP Health Care

## Commission Check Remittal Form

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A Broker of Record Letter for each brokered Employer Group in NY & VT must be on file with MVP prior to the payment of any commission. NH Requires that the Group Set Up Agreement be completed and signed by both the group and the broker prior to the payment of any commission.

To ensure that commission payments are remitted to the correct individual or firm, we are requesting the following information:

**Check Payable To:**

**Mailing Address:**

**Broker Name:**

**Contact Name:**

**Telephone No.:**

**Fax No.:**

**E-Mail Address:**

**Federal Tax ID No.:**

**MVP Broker No.:**

For status or questions on commissions, contact our Broker Relations Dept at: 1-888-819-2132 option #2, or at the address below:

MVP Health Care  
Broker Dept – 6<sup>th</sup> Floor  
625 State Street  
PO Box 2207  
Schenectady, NH 12305