MVP HEALTH CARE

***easy*Link**
**for Brokers**

# Broker Administrator Designation Form

| | |
|---|---|
| Date | |
| Broker Name | |
| Administrator Name<br>(At the Broker group) | |
| Phone | |
| E-mail Address | |
| Company Authorization<br>(Administrator's Supervisor Name) | |
| Signature of Supervisor | |
| Names of Users: | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |

I understand that the Group Administrator named above as well as all of the designated users will have access to all Broker of Record Employer Groups and assigned commission level information for the broker specified.

Broker Authorization Signature X _____

Title _____

Date _____

If you have any questions, please contact Deb Link in the Sales Department at (585) 327-2247.