



*MVP Health Care  
Broker Administration  
625 State Street  
Schenectady, New York 12305*

Effective \_\_\_\_\_ (*effective date*), \_\_\_\_\_ (*Subscriber Name*) hereby designates \_\_\_\_\_ (*agent or agency name*) located at \_\_\_\_\_ (*business address*) as my Broker of Record for individual health and dental plans offered through MVP Health Care.

This designation of Broker of Record will remain in effect until I notify MVP in writing to the contrary. This designation revokes any previous designation of a Broker of Record with MVP for individual coverage.

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Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Subscriber ID \_\_\_\_\_