(Company’s Letterhead Required)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthfirst Commissions Department

Re: Broker of Record Change

Group ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern:

We are writing to acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of company) would like to recognize the broker information below as our Broker of Record, effective \_\_\_\_\_\_\_\_\_\_(MM/DD/YYYY).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New Broker of Record | Name | NPN | Broker Commission Split % (if applicable) | Authorized Broker/General Agent as Plan Administrator?  Yes/No |
| General Agent |  |  | Not Applicable |  |
| Broker |  |  |  |  |
| Co-Broker |  |  |  |  |

I acknowledge that I am a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company name) and am authorized to change our company’s broker of record for the policy indicated above. This request supersedes previous designations and terminates compensation and other payments to previous brokers assigned to our group.

I understand that this broker of record appointment will be effective on the first of the month, if the information required above is received before the first of the month; otherwise, broker of record appointment will be effective on the first of the following month.

Signed by Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This letter must be signed by an executive officer who has the authority to sign legal documents for the employer.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Email

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