(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

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Coverage for Senior Health Partners, Managed Long-Term Care Plan, is provided by Healthfirst PHSP, Inc.

