**COMPANY LETTER HEAD**

Commissions Department

Oxford Health Plans

48 Monroe Turnpike

Trumbull, CT 06601

 Date (cannot be past 30 days of current date and not future dated)

RE: Agent of Record Change

Group Name:

Group #:

Effective Date: \_\_\_\_\_\_\_\_

Be advised that **Group Name** would like to recognize **Agency Name** –PCIS ID #**XXXXXX** as our broker of record.

**Writing Agent Name** –PCIS ID #**XXXXXX**

*If the commission is to be split, please type amount of split between brokers here:*

Agency/Broker –PCIS ID #**XXXXXX**: \_\_%

Agency/Broker –PCIS ID #**XXXXXX**: \_\_%

The General Agent we will be working with is **General Agent** | PCIS ID # **XXXXXX** | Franchise Code # **XXXXXXX**

I understand this appointment will be effective on the first of the month following your receipt of this letter. I am authorized to appoint an agent for the lines of coverage that are included in this letter. This request supersedes other designations and terminated compensation and other payments to any other agent. This designation will remain in effect until we notify you in writing to the contrary.

Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

*Title*

*Telephone #*

*Email Address*