

Plan Sponsor (Company) Letterhead]

[Current Date]

Aetna
ATTN: David Brock
509 Progress Drive
Linthicum, MD 21090

RE: **Broker-of-Record** for Aetna Group # []
Group Renewal Date: []

To Whom It May Concern:

Please be advised that (the “**Broker/Producer Name**” and NPN) with (the “**Agency/Firm**” and TIN) is the exclusive representative for (the “**Plan Sponsor**”) and as such is solely authorized to solicit proposals for health care benefit programs from Aetna. You are also hereby authorized to furnish to the broker any information which he / she requests that pertains to our existing insurance contracts, rates, and plan description. It is [also] requested that Group Benefit Services, Inc [Third Party Administrator/Plan Administrator including billing and enrollment, be recognized on this account.

I acknowledge that the Broker/Producer is not acting as an agent for the Insurer and that any contract for provision of group health care coverage must be entered into between the Insurer and the Plan Sponsor. I further understand that the Broker and Aetna have entered into a Producer Agreement which provides for payment of commissions to the broker for services rendered and hereby revoke any and all previous Broker-of-Record (BOR) designation(s) effective [immediately] [on a *future* effective date – mm/dd/yyyy]. Broker commissions are to be payable to: [TIN or SSN].

Signature (Officer and/or Decision Maker-on-Record of Company)

Print Name

Title (Officer and/or Decision Maker of Company)

Date