



Agent/Broker of Record Designation Request

Instructions for Broker of Record changes

Note: *This applies to all group policies for Unum, Provident, and Paul Revere labels.*

1. Complete the information in the letter on page two. *(The Simply Unum section will be completed by the field office)*
2. Print page two on the Policyholder's company letterhead. *(The actual letter must be on the Policyholder's company letterhead.)*
3. Have the letter signed by the individual authorized by the Policyholder to request the Agent/Broker of Record Designation Change.
4. Send the request to the local field office. *(Change requests will be submitted to the Home Office within 24 hours of receipt. The request must be received in Broker Compensation Services (BCS) before it is deemed valid.)*

Definitions:

Policyholder Name: The actual company/name of the policy holder

Enter the Insurance Policy Number(s): Create an exact list of the Insurance Policy Numbers

Effective Date: This will be the date to which the new Agent/Broker of record will be designated.

Broker Tax Id/SSN: This is the new Agent/Broker of records Tax ID or SSN. *(The Agent/Broker's NPN can be used if this is unknown.)*

Signature: This is the signature of the person authorized by the Policyholder to request the Agent/Broker of Record Designation Change.

Printed Name: This is the printed full name of the person authorized by the Policyholder to request the Agent/Broker of Record Designation Change.

Title: This is the Title of the person authorized by the Policyholder to request the Agent/Broker of Record Designation Change.

Date: This is the actual date of the signature of the person authorized by the Policyholder to request the Agent/Broker of Record Designation Change.

Agent/Broker of Record Designation Request

Policyholder Name: _____

Insurance Policy Number(s): _____

Effective Date: _____

Broker Tax Id/SSN: _____

This letter shall serve as official notification that we hereby designate _____ as our exclusive agent/broker of record to act on our behalf in connection with all matters pertaining to the above referenced insurance policies for our company. The designation of _____ rescinds all previous designations and authority contained therein, shall take effect on the date set forth above and shall remain in full force and effect until cancelled in writing by a representative of our company.

You are hereby authorized to furnish _____ with any and all information they may request related to the above referenced insurance policies, including but not limited to, insurance contracts, rates, rating schedules, retentions, and financial data.

I certify that I am authorized to enter into this letter on behalf of the company and that any and all information contained herein is complete and accurate to the best of my knowledge.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

This section for Internal Unum use only:

Standard Broker Packet Delivery:

Name: _____ Email Address: _____

Note: If Standard Broker Packet Delivery section is not completed, packet will be sent to the Field Office.

Simply Unum and VBCP Policies:

New Lead Broker: _____ Enrollment ID Code: _____

Broker ID Code: _____ Enrollment Entity: _____

New Field Office: _____ *Enrollment Manager: _____

Sales Rep: _____ *Service Rep: _____

*Not required for Simply Unum