

Sample Broker of Record Letter (CFMD/DC/VA)
(Must be on the Company's Letterhead)

Date

Broker of Record

Broker Name

Broker Address

Broker City, State and Zip

Re:

Renewal Date:

Group#:

BCC

Carefirst BCBS

10455 Mill Run Circle

Mail Stop OM1 420

Owings Mills, MD 21117

Re: **(Group Name and Group Number)**
(Renewal Month)

To Whom It May Concern:

This is to notify you that I have appointed Group Benefit Services as the **Full Service Producer** for **(Group Name and Group Number)** with respect to coverage provided by Carefirst. **(Broker name)** will remain the broker of record on the account.

Sincerely,

Group Signature

Cc:

Carriers and Products included in this TPA Transfer

Carrier	Product