

Sample Broker of Record Letter
(Must be on the Company's Letterhead)

Date

Broker Name
Broker Address
Broker City, State and Zip
Re:
Renewal Date:
Group#:

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 Administrator/
DBE for **(Group Name and Group Number)** with respect to coverage provided by
(Carrier Name). (Broker name) will remain the broker of record.

Sincerely,

Group Signature

Cc:

Carriers and Products included in this TPA Transfer

Carrier	Product