

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

Date

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

Guardian
One Lakeshore Drive Ste. 203
Bridgewater, MA 02324

To Whom It May Concern:

(Group/Company name) is requesting (*effective date*) that **Group Benefit Services** will act as **the plan administrator/TPA**. Group Benefit Services will be responsible for handling all future billing including enrollment services, premium collection/remittance, and etc. for Guardian benefit programs.

(Broker Name) of *(Agency Name)* will remain the broker of record on the account.

Sincerely,

Client Name and Title

Cc:

Products included in this BOR:

Carrier	Product