

PLEASE COPY or TYPE ON YOUR COMPANY LETTERHEAD

(Date)

Humana Specialty Benefits  
1100 Employer's Blvd  
Green Bay, WI 54344

RE: Client's Letter of Authorization  
Group Name: **Insert Group's Name**

To Whom it May Concern:

This confirms that effective immediately, (**Group Name**) has appointed Group Benefit Services (GBS) as our administrator in respect to the above referenced policy(ies). This letter authorizes Humana to furnish GBS with information pertaining to our insurance contracts, rates, invoices, and all other benefit data they may wish to obtain in order to administer our account. This letter also authorizes Humana to change the billing/ mailing address to GBS, 6 North Park Drive, Hunt Valley, MD 2130 for purposes of administration.

Sincerely,

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(Name & Title)