

*(SUBMITTED ON COMPANY LETTERHEAD)*

Date: *(within 30 days of receipt)*

UHC Broker Commissions Department  
800 Oak Street  
Frederick, MD 21703

Dear Customer Service:

Please accept this letter as formal authorization to recognize *(insert writing agent and agency name)* as our broker of record effective immediately on the following policy:

Insurer: *(insert either OCI, MLH or UHC)*

Group Name: *(insert group name)*

Group/Policy Number: *(insert group/policy number)*

This new Broker of Record letter supersedes other designations and terminates commissions and other payments to any prior agency. Commissions should be payable to *(insert payee information, i.e., agency or writing agent)*. It also constitutes your authority to furnish the representative of *(insert agency name)* with all correspondence and pertinent information regarding our plan in order to properly service our account.

"We are requesting Group Benefit Services to be our designated billing entity (DBE) and administrator".

Sincerely,

Signature: *(authorized signor)*

Title: *(insert signor's title)*