



Date: \_\_\_\_\_

ATTN: National General Benefits Solutions

Re: Group Name: \_\_\_\_\_

Dear National General Benefits Solutions,

\_\_\_\_\_ [INSERT **NEW** AGENT NAME] is hereby authorized, effective \_\_\_\_\_ [INSERT DATE], as Broker of Record as it relates to the \_\_\_\_\_ [INSERT COMPANY NAME] Employee Health Plan Enrollment, through the National General Benefits Solutions Self-Funded Program.

I understand that this designation supersedes any prior Broker of Record designation previously provided, and specifically, that \_\_\_\_\_ [INSERT **FORMER** AGENT NAME] (1) will no longer be the Broker of Record, (2) will be notified of this request, and (3) may no longer be entitled to compensation for our business. I understand that if this request occurs prior to the effective date of enrollment, the previously-designated Broker of Record will not be entitled to any compensation for our business.

I understand that \_\_\_\_\_ [INSERT **NEW** AGENT NAME], as our Broker of Record, may be entitled to compensation for our business.

This designation will remain in effect until we notify National General Benefits Solutions in writing of our intent to change such designation.

Sincerely,

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Printed name of Company Officer

\_\_\_\_\_  
Title of Company Officer

**This change shall remain in effect until further written notice from me. This letter rescinds any and all other appointments.**

**Employee Benefits Corporation of America (EBCA) should be noted as the General Agent.**