***SUBMIT ON COMPANY LETTERHEAD***

***(Include address and phone number)***

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(NPN#)* AND *agency name)*** as our broker of record for all lines of coverage [or, if applicable, name specific lines of coverage] 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 appointment is in conjunction with *Employee Benefits Corporation of America (EBCA). EBCA producer code # 177649* should be the General Producer.**

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 name* 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.

Sincerely,

Signature: **(officer of the company, actual signature only/electronic not accepted)**

Printed Name of Signor:

Title: ***(insert signor’s title)***