

[Company letterhead]

## Broker of Record Letter

[Date]

CDPHP  
6 Wellness Way  
Latham, NY 12110

CDPHP Group ID: [REDACTED]

This is to notify you that our company has appointed [Name of Broker Agency], whose business address is [Street Address], as our sole insurance representative with respect to coverage provided to this organization by CDPHP® effective immediately.

[I have authorized [Name of Broker Agency] to act on our behalf in place of [Former Broker Agency Name], whose business address is [street address].]\*

This letter also enables CDPHP to furnish [Name of Broker Agency] with all information they may request, as it pertains to our insurance contract and coverage. We also understand that [Name of Broker Agency]'s broker commission will be paid out of our monthly premiums.

This designation will remain in effect until you are notified in writing to the contrary. We agree that any such notice shall apply prospectively to contract renewals.

Sincerely,

[Group Decision Maker Signature]

[Group Decision Maker Printed Name]

[Group Decision Maker Title]

[Group Name]

\*Necessary if replacing former broker.