

(TO BE SUBMITTED ON GROUP LETTERHEAD)

Excellus BCBS
Attn: Broker Administration
165 Court Street
Rochester, New York 14647

Group Number(s):

Broker Agency Name:
Broker Agency Address:
City, State, Zip Code

Dear Broker Administration Team:

Effective _____ (effective date), Our company hereby designates the above named Broker as our sole insurance representative with respect to Medicare Advantage coverage provided to this organization by Excellus BlueCross BlueShield.

I understand that if our company elects to purchase coverage from your company that the named Broker Agency may be entitled to base and/or bonus compensation for our business.

This designation will remain in effect until we notify Excellus BlueCross BlueShield in writing to the contrary.

Sincerely,

Signature of Company Officer _____
(e-signatures accepted if authenticated)

Please print (Officer Name)

Title of Company Officer