

Sample BOR
(Company Letter Head)

Date

EmblemHealth
55 Water Street
New York, NY 10041

Re: Group Name
Group #

To Whom It May Concern:

Effective immediately, Please appoint (Broker name/agency) located at (Broker Address) as designated broker of record on the above mentioned policy. Please assist (Broker Name/Agency) in gathering pertinent information related to our plan.

In Addition, please appoint Professional Group Plans, as servicing General Agent.

This appointment supersedes any previously submitted request and shall remain in effect unless otherwise revoked in writing. We understand that (Broker Name/ Agency) is not responsible for any prior plan communications or changes.

Should you have any other questions, or require additional information, please feel free to contact me.

Thank you.

Sincerely,

(Company officer signature)
(Company officer title)