

GROUP'S LETTERHEAD

CHANGE OF BROKER LETTER

This serves to confirm that I, _____
Authorized Representative of Group

am changing our broker from: _____
Previous Broker Name

to: _____
New Broker/New Agent/GA/SS# or Tax ID #

Effective _____, commissions should be paid to: _____
New Broker/New Agent/GA

on all group numbers listed below.

Group Numbers:

Group Numbers:

Kindly furnish _____ with any information that they may require,
New Broker/New Agent/GA
as long it falls within HIPAA guidelines.

Sincerely,

Authorized Representative Signature

Print Name

Title