

(ON COMPANY STATIONERY)

DATE: \_\_\_\_\_

MVP Health Care  
Broker Program  
625 State Street  
Schenectady, NY 12305

**RE: BROKER'S LETTER OF RECORD  
GROUP # \_\_\_\_\_**

Dear MVP Broker Department:

Effective \_\_\_\_\_ we have appointed \_\_\_\_\_  
as our exclusive Insurance Broker with respect to our health insurance plan.

The appointment of \_\_\_\_\_ rescinds all previous appointments  
and the authority contained herein shall remain in full force until canceled in writing.

\_\_\_\_\_ is hereby authorized to negotiate directly with any interested  
company as respect to changes in existing insurance policies and in closing, changing,  
increasing or canceling insurance carried under temporary binders or cover notes. We  
understand, however, that they will not share responsibility for any deficiencies in the  
insurance program to which this letter applies until they have had reasonable opportunity  
to make a review and to provide us with their recommendations.

This letter also constitutes your authority to furnish \_\_\_\_\_  
representatives with all information they may request as it pertains to our insurance  
contracts, rates, rating schedules, surveys, reserves, retentions and all other financial data  
they may wish to obtain for their study of our present and future requirements in  
connection with the insurance program to which this letter applies, except as may be  
restricted or prohibited by law and by MVP Health Care policy. We request that you do  
not communicate such information to anyone else.

This confirms that as of (DATE) we have appointed (CERTIFIED AGENT) on behalf of  
(BROKER AGENCY) as our exclusive Insurance Broker with respect to our Medicare  
Advantage Health Insurance Plan.

Sincerely,

\_\_\_\_\_  
(Signature of Officer of Company)

\_\_\_\_\_  
(Title)