

**Broker of Record Template**  
**Cut and Paste Below Text into Word Processing File**

[Insert Current Date]

Re: Broker of Record Authorization

To Whom It May Concern:

Please be advised that effective this date, Boca Benefits Consulting Group, Inc. is named as the Broker of Record for the below listed employee benefit coverages provided to [Insert Your Company's Name]:

[Delete any of the below lines of coverage that may not be applicable.]

1. All health coverages to include insurance, self-insured administration, HMO's, other managed care delivery systems (e.g., PPO's, EPO's, managed mental health, etc.), stop-loss and/or reinsurance, prescription drug plans, hospital indemnity and/or any other health care related products not stated herein.
2. All group life coverages to include basic group term, supplemental group term, group universal life, group variable life, optional payroll deduction life, and/or any other group insurance products generally falling into the category of "life" coverages.
3. All group dental coverages to include prepaid, indemnity, "DMO" (i.e., dental maintenance organization) and/or any other group dental related products not stated herein.
4. All group disability coverages to include short-term disability, long-term disability ("LTD"), and/or any other group disability coverages not stated herein.
5. All asset management functions associated with 401(k), 403(b), 401(a), and/or other qualified or non-qualified group retirement plans.

[Add any line of coverage not specified in one of the above categories.]

Boca Benefits Consulting Group, Inc., or at its discretion any assignee it may make, is due any direct (i.e., commissions), indirect (i.e., overrides) and fee compensation associated with sale and/or service of the above products. Such compensation will be considered to have accrued on the pro-rata remaining portion of the current year and fully annually thereafter. Any advances of unearned compensation (e.g., commissions paid annually in advance) that may have been agreed to between a provider of product and parties other than Boca Benefits Consulting Group, Inc. are strictly the responsibility of that provider of product. Neither [Insert your company's name] nor Boca Benefits Consulting Group, Inc. shall be party to any recoveries, nor shall such recoveries be required as a prerequisite for payment of compensation due Boca Benefits Consulting Group, Inc.

This letter is hereby executed by a duly authorized employee of [Insert your company's name.]. Its contents and authorizations supersede and rescind any Broker of Record designations made prior to this date. It shall remain binding in perpetuity unless otherwise specifically rescinded, in part or in whole, by a superseding written authorization.

Sincerely,

[signature of authorized employee]

[typed name of authorized employee]

[title of authorized employee]