

Date:

To Whom it May Concern:

**Re:**

Please accept this letter as authorization for \_\_\_\_\_ and ASSOCIUM Benefits to undertake a complete a full review and analysis of our Employee Benefit Program.

Present insurers are hereby requested to release all pertinent information such as:

- policies
- monthly billing rates
- claims experience
- related financial statements

for the past three (3) complete policy years and current policy year.

This letter specifically authorizes \_\_\_\_\_ and ASSOCIUM Benefits to act on our behalf for the following purposes.

1. To review our current design on our employee benefit plans;
2. To prepare materials for request for proposals (RFPs);
3. To obtain quotations from interested insurers;
4. To analyze all provided quotations in order to prepare recommendations;
5. Upon our acceptance of your recommendations, to transact any resulting business with appropriate insurers and for any commissions to be paid to & ASSOCIUM Benefits

This letter supersedes all other prior Agent of Record letters and it is understood that this letter of authorization in no way obligates our Company to implement any recommendations. All data obtained by \_\_\_\_\_ & ASSOCIUM Benefits with respect to our Company will be kept in the strictest confidence.

Sincerely,

**Signature: Name: Title:**

cc: ASSOCIUM Benefits