

AGENT OF RECORD LETTER

Date ____/____/____

Mrs. Janica Blackhurst
SelectHealth
P. O. Box 30192
Salt Lake City, UT 84130-0192

Dear Mrs. Blackhurst:

_____ hereby designates _____ as Agent of Record, effective
Client Name Agent Name

_____/_____, with respect to the medical and/or dental insurance product(s) purchased from SelectHealth. In making this
Month Year

designation, it is required that you pay any and all commissions and/or fees payable from the effective date forward to the Agent of Record.

It is understood that the Agent of Record is the exclusive representative to act on behalf of the client to solicit insurance proposals, review proposals and rates and make recommendations. This also allows the agent of record to make inquiries on my behalf.

This Agent of Record Letter rescinds any prior appointments of agent/agency with respect to this coverage and shall remain in effect until revoked or replaced in writing.

I hereby represent to your firm that in issuing this Agent of Record Letter, the Agent of Record has not given, paid, provided or promised any benefit, inducement, or compensation in any form other than services directly supporting your medical and/or dental insurance product(s). Further, no representation has been made that the Agent of Record can obtain a premium rate more favorable to our company than is available through any other appointed agent for the same coverage, benefit, or program.

I understand that the terms and conditions of this appointment will be subject to SelectHealth’s specific contractual requirements, as well as your normal agent appointment procedures.

Any questions about our coverage or proposed benefit changes, as well as any fees and commissions, should be directed to:

Agent Name _____ Agent Ph# (_____) _____

Agency Name _____

Agent Street Address _____

City _____ State _____ ZIP _____

I understand that Selecthealth may contact me to validate the authenticity of this letter. I have provided my phone number and email.

Client Signature Date

Typed or Printed Name Subscriber ID#

Client Email Client Phone Number

The Agent of Record shown above hereby accepts the designation set forth above and confirms the representation made herein.

Agent Signature Date

INDIVIDUAL

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ADDITIONAL INSTRUCTIONS:

1. To avoid confusion, all agent of record letters must include the typed or clearly printed name of the person signing the letter.
2. Agents/brokers must add their signature and the date signed in the spaces provided at the bottom of the letter.
3. SelectHealth requires that the language in the above sample letter be included in all agent of record letters.
4. The agent of record letter must have a signature from the client no later than 30 days prior to the submittal to SelectHealth.

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Agent of record letters should be submitted to:

SelectHealth Broker Relations

Attn: Stephanie Crandall

P.O. Box 30192

Salt Lake City, Utah 84103-0192

stephanie.crandall@selecthealth.org

Phone 801-442-7195

Fax 801-442-0789