# <Company Letter Head>

**<Company Address>**

**<Company City, State Zip Code>**

Commissions Department

Oxford Health Plans

4 Research Drive

Shelton, CT 06484

  **Date** (cannot be past 30 days of current date and not future dated)

Re: Agent of Record Change

 <Group Name> - <Group #>

To Whom It May Concern:

Be advised that <Company Name> would like to recognize <New Agency or Agent> (<Broker Code>) as our Broker of record. The Agency Writing Agent will be <Name of W/A> (W/A Broker Code). The General Agent we will be working with is Martin Insurance Group, BC8768.

\*if the commission is to be split please type amount of split between brokers here
Broker XXXXXX : 75%

Broker XXXXXX : 25%

I understand this appointment will be effective on the first of the month following your receipt of this letter. I am authorized to appoint an agent for the lines of coverage that are included in this letter. This request supersedes other designations and terminated compensation and other payments to any other agent.

Sincerely,

*Signed By*,

(Digital signatures will be verified)

*The letter must be signed by an executive officer who has the authority to sign legal documents for the customer*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address