

[Form New York BORL]

**[INSERT ON COMPANY'S LETTERHEAD]**

[Date]

RE: Group # [Insert Group Number(s)]

Dear [Group Medical Insurance Carrier]:

[Insert Group's legal entity name] (The "Group") hereby designates the broker/consultant(s) listed below at the commission percentage split indicated as the broker/consultant(s) of record (the "BOR) for the Group. Further, the Group hereby authorizes [Group Medical Insurance Carrier] to send all quotes, policies and notices to the BOR. The Group hereby acknowledges and agrees that notice to the BOR is notice to the Group.

This BOR designation shall remain in effect until it is expressly terminated by the Group in writing.

BOR Designation: Please insert broker/consultant(s) name(s), address (es), and the applicable commission percentage split below.

- |    | Broker/Consultant(s) Name, Address & Tax ID/SSN | Commission % Split |
|----|---|--------------------|
| 1. |   |                    |
| 2. |   |                    |

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Signature of GBA or authorized Officer

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Print Name

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Title