

(Client's Letterhead)

(Current Date)

To Whom It May Concern:

Please be advised that _____ the ("Broker") is the exclusive representative for _____ (the "Group") and as such is solely authorized to solicit proposals for health care benefit programs from Blue Cross Blue Shield of Delaware. You are also hereby authorized to furnish to the broker information that pertains to our existing insurance/benefit contracts, rates and plan description. Such information may include financial data specific to Group's insurance/benefit plans, including Group Health Plan, Flexible Spending Account Plan and Health Reimbursement Account. This authorization does not include provision of individually identifiable data.

I acknowledge that the Broker is not acting as an agent for the Insurer and that any contract for provision of group health care coverage must be entered into between the Insurer and the Group. **I further understand that the Broker and Blue Cross Blue Shield of Delaware have entered into a Broker Agreement which provides for payment of commissions to the broker for services rendered and hereby revoke any and all previous Broker of Record designation(s) effective immediately.**

By: _____
(Signature)

(Print name)

(Date)