

[YOUR COMPANY LETTERHEAD]

[Date]

To: [Insurance Carrier(s) / Health Benefits Provider (s)]

Cc: Mark Enriquez – Insurance & Solutions

Group#:

To Whom It May Concern:

This letter is to inform you that we have decided to change our Broker of Record. Effective immediately (DATE). Please change our broker of Record to: Mark Enriquez - Insurance & Solutions. This letter also serves as our formal authorization to release all information pertained to our policy to Mark Enriquez.

Please do not hesitate to contact our company if you have any questions concerning this matter.

I would like to thank you in advance for your cooperation in this matter.

Best regards,

Authorized Person's name

Title

Company's name

Group#: