[Plan Sponsor (Company) Letterhead]

[Current Date]

Aetna

ATTN: David Brock

509 Progress Drive

Linthicum, MD 21090

**RE: [Broker-of-Record][/][Agent-of-Record][and][General Agent-of-Record] for Aetna Group # [#######], Group EIN [#########]**

 **Group Renewal/Anniversary Effective Date: [mm/dd/yyyy]**

To Whom It May Concern:

Please be advised that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Broker/Individual Producer Name” and NPN) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Agent/Firm Producer Name”) is the exclusive representative for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Plan Sponsor Name”) and as such is solely authorized to solicit proposals for health care benefit programs from Aetna. You are also hereby authorized to furnish to the broker any information which he / she requests that pertains to our existing insurance contracts, rates, and plan description. It is also requested that [GA] [and TPA] [GA Name] [be][remain] attached to this account.

I acknowledge that the Producer(s) is (are) 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 Plan Sponsor. I further understand that the Producer(s) and Aetna have entered into a Producer Agreement which provides for payment of commissions to the Producer for services rendered and hereby revoke any and all previous Producer designation(s) effective [immediately] [on a *future* effective date – mm/dd/yyyy]. Broker commissions are payable to: [Tax ID #].

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

Signature (Officer and/or Decision Maker-on-Record of Company)

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

Print Name

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

Title (Officer and/or Decision Maker of Company)

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

Date