



We hereby appoint _____
(Broker Name and Broker ID Number)

to act on our behalf as our authorized Group Medical Services Broker of Record.

It is clearly understood that there will be no charge to us and that all commissions which may or may not be paid at renewal date by Group Medical Services, shall be payable to the above Broker.

Date _____

Policyholder Name *(please print)* _____

Policy Number _____

Policyholder Signature _____

Broker Signature _____