AGENT OF RECORD LETTER

Date _____ /_____ /_____

Mrs. Janica Blackhurst
SelectHealth
P. O. Box 30192
Salt Lake City, UT 84130-0192

Dear Mrs. Blackhurst:

_____ hereby designates _____ as Agent of Record, effective
　　　　　　　　Client Name　　　　　　　　　　　　　　　　　　　　　　Agent Name

_____ /_____ , with respect to the medical and/or dental insurance product(s) purchased from SelectHealth. In making this
　Month　　　Year

designation, it is required that you pay any and all commissions and/or fees payable from the effective date forward to the Agent of Record.
It is understood that the Agent of Record is the exclusive representative to act on behalf of the client to:

1. Solicit insurance proposals from you, and
2. Review proposals and make recommendations assisting us in achieving our goals.

I hereby represent to your firm that in issuing this Agent of Record Letter, the Agent of Record has not given, paid, provided or promised any benefit, inducement, or compensation in any form other than services directly supporting your medical and/or dental insurance product(s). Further, no representation has been made that the the Agent of Record can obtain a premium rate more favorable to our company than is available through any other appointed agent for the same coverage, benefit, or program.

I understand that the terms and conditions of this appointment will be subject to SelectHealth's specific contractual requirements, as well as your normal agent appointment procedures.

Any questions about our coverage or proposed benefit changes, as well as any fees and commissions, should be directed to:

Agent Name _____ Agent Ph# (801) 363-1215 _____

Agency Name ___ Stone Hill National _____

Agent Street Address ___ 257 E 200 S STE 100 _____

City ___ SLC _____ State ___ UTAH ___ ZIP ___ 84111 _____

This Agent of Record Letter rescinds any prior appointments of agent/agency with respect to this coverage and shall remain in effect until revoked or replaced in writing.

Sincerely,

_____　_____ / _____ / _____
　　　　　　Client Signature　　　　　　　　　　　　　　　　　　Date

_____　_____
　　　　　Typed or Printed Name　　　　　　　　　　　　　　　　Subscriber ID#

The Agent of Record shown above hereby accept the designation set forth above and confirms the representations made herein.

_____　_____ / _____ / _____
　　　　　　Agent Signature　　　　　　　　　　　　　　　　　　Date

INDIVIDUAL