

**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  
\_\_\_\_\_ / \_\_\_\_\_, 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# (\_\_\_\_\_) \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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,

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Typed or Printed Name Title

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

\_\_\_\_\_  
Agent Signature Date

**ADDITIONAL INSTRUCTIONS:**

1. To avoid confusion, all agent of record letters must include the **typed or clearly printed name** of the person signing the letter.
2. The **title** of the person signing must be noted for all employers.
3. The letter must be printed on the **employer's letterhead** for all large employers, preferably for all for small employers.
4. Agents/brokers must add their signature and the date signed in the spaces provided at the bottom of the letter.
5. SelectHealth requires that the language in the above sample letter be included in all agent of record letters.
6. The agent of record letter must have a signature from the client no later than 30 days prior to the submittal to SelectHealth.

**Agent of record letters should be submitted to:**

SelectHealth Broker Relations

**Attn: Jheri Velez**

P.O. Box 30192

Salt Lake City, Utah 84103-0192

Jheri.velez@selecthealth.org

Phone 801-442-8011

Fax 801-442-0789