

MUST BE ON COMPANY LETTERHEAD

Date

Mr./Ms. Insurance Representative

Carrier

Address

City, ST Zip

Re: Group Name:

Policy Number:

Dear Mr./Ms. Insurance Representative:

We have opted to change our Broker of Record for the above referenced plan. Effective immediately, our new broker is Dendera HR & Benefits, License #058506. I understand that upon receipt of this notice, *Carrier's Name* will change the records to reflect the new broker.

We also understand that:

1. This will have no effect on our current policies and benefits.
2. There will be no interruption of our existing policies or benefits.
3. The appointment of Dendera HR & Benefits as Broker of Record supersedes all previous Broker of Record appointments.
4. This letter also constitutes your authority to furnish the Dendera HR & Benefits representatives with information they may request as it pertains to our insurance contracts and other related information needed for their study of our present and future requirements.

Should you have any questions please feel free to contact us or Dendera HR & Benefits, whose contact information is listed below:

Ms. Isabel Valdivia
Dendera HR & Benefits
1206 River Lane
Santa Ana CA, 92706
Voice (714) 550-9366
Fax (714) 550-9355

Best Regards,