

AGENT OF RECORD LETTER

Date

Cheri Day & Kelly Peterson
6053 Fashion Square Drive, Suite 110
Murray, UT 84121

Dear Cheri & Kelly:

I hereby designate _____ as Agent of Record, effective _____ with respect to the medical and/or dental insurance product(s) purchased from University of Utah Health Plans.

In making this designation, I authorize my Agent of Record to access information about my insurance products and represent me to facilitate the ongoing service of my products.

I understand that adding or changing the Agent of Record does not change the premium of my product(s) and is included as part of my policy at no additional cost. Any compensation payable to an agent should be directed to:

Agent Name
Phone
Address

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.

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

I understand that (carrier) may contact me to validate the authenticity of this letter. I have provided my phone number and email.

Client Signature

Date

Typed or Printed Name

Subscriber ID#

Client Email

Client Phone Number

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

Agent Signature

Date