MASSACHUSETTS

Broker of Record Designation Letters

A Broker of Record (BOR) for an employer group is a licensed broker or agency who has an agreement with the policyholder to represent that policyholder and has a right to commissions, if applicable. In order to provide you and our mutual clients with the best possible service, we require the following information to be included in each BOR designation letter we receive.

All BOR letters must:

- Be printed on the account's company letterhead.
- Include the employer group name and Blue Cross account number.
- Be signed by a company-authorized signer from the account, and include signee's printed name and corporate title.
- Be dated and indicate a requested date of change.
- Include a declaration naming the broker or agency as exclusive BOR for that account.
- Include a statement recognizing that commissions,[1] if applicable, will move to the new broker.

For your convenience, a sample BOR letter is available under **Broker Forms** in the **Forms & Brochures** section of **www.bluecrossma.com/broker**.

We thank you for your continued business and support. If you have any questions or concerns, please contact your account executive.

1. Please note that commissions, if applicable, will become effective with the account's next billing cycle.

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MUST BE ON COMPANY LETTERHEAD

ACCOUNT NAME
ADDRESS
CITY, STATE ZIP

Date

Mr. / Ms. **(Account Executive)**
Blue Cross Blue Shield of Massachusetts
101 Huntington Ave. Suite 1300
Boston, MA 02219

RE: Broker of Record Letter for Account Number _____

Dear **(Account Executive),**

Please accept this letter as a formal request to name **Broker Name / Broker Agency** as the exclusive broker for **Company Name** effective **Date.** I understand that by requesting this change, **Broker's Name** will begin to receive the in-force commission payments (if applicable) from Blue Cross Blue Shield of Massachusetts effective the 1st day of the month following the date of this letter. I also understand that by designating **New Broker's Name**, I am approving the release of information regarding **Company name's** Blue Cross Blue Shield of Massachusetts **medical and/or dental and/or ancillary or all lines of business (where appl. please specify)** coverage exclusively to the **New Broker's Name** unless otherwise stated via written communication.

This broker designation will remain in place until rescinded in writing by **Company Name** designee.

Sincerely,

Company Designee Signature

Printed Name
Corporate Title