

Sample Broker of Record Template  
(This letter must be on the Employer's Letterhead)

Date

Broker of Record

Broker Name

Broker Address

Broker City, State and Zip

Mr. Robert E. Moore, Jr, President  
Receivership Management Inc.-Independent Fiduciary  
Medova ERISA Lifestyle Health Plans  
510 Hospital Drive, Suite 490  
Madison, TN 37115

RE: [Group Health Plan Name]  
[Group Health Plan Number]  
[Plan Year End Date]

Dear Mr. Moore:

This is to notify you that I have appointed [Broker Name] of [Agency Name] whose business address is [Street Address] [City, State, Zip] as my broker of record with respect to the health plan sponsored by [Employer Name] formerly administered by Medova Healthcare Financial Group LLC of Wichita, Kansas , now administered by Hawaii Mainland Administrators (HMA) of Tempe, Arizona.

Receivership Management, Inc. may rely upon this authorization for the purpose of sharing claim data, enrollment data, and information related to stop loss coverage provided to [Employer Name] for the benefit of the health plan sponsored by [Employer Name].

Executed and effective this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Signature of Officer of [Employer Name]

\_\_\_\_\_  
Printed Name of Officer Above and Title

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to before me, a duly authorize notary public for the aforementioned State and County, this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public

My Commission expires: