**Company Letterhead**

<Current Date>

Broker of Record

CareFirst BlueCross BlueShield

10455 Mill Run Circle

Owings Mills, MD 21117

Re: Broker of Record

Renewal Date:

Group Number:

To Whom It May Concern:

This is to notify you that I have appointed **BROKER NAME** of **AGENCY NAME** whose business address is **BROKER ADDRESS**, as my Broker of Record with respect to coverage provided by Carefirst.

This appointment is in conjunction with **Benefit Design Group** as the Full-Service Producer. They will be responsible for handling all future billing and administration.

Sincerely,

<Client Name>, <Title>

<Signature>

**GROUP(S) INCLUDED IN THIS BOR**

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| **CareFirst Group Number** | **CareFirst Group Name** |
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