



Broker of Record Change Authorization

I hereby authorize the change in Broker of Record for the group listed below:

Group Number: _____ Effective Date: _____

Company Name: _____

New Broker Information

Broker Name: _____

Broker Code: _____ Email: _____

New General Agent Information

General Agent Name: _____

General Agent Code: _____ Email: _____

Authorization

By typing my name in the designated field below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature and I consent to be legally bound by the terms and conditions of this document. I acknowledge that for this form to be processed it must be emailed from either the Primary Contact or Billing Contact email address which is currently on file with my HealthPass account. If I so choose, I may decline to sign this document electronically and instead add the information above on my company letterhead, sign, scan and send the document to sales@healthpass.com.

Authorized Representative Signature: _____

Title: _____ Date: _____