

Broker/Agent of Record Form

Template Letter

The below language *must* be on Employer letterhead to be valid. The dates are critical, and it *must* be signed by the Employer owner, partner or specified corporate officer. If not, the signatory clause must be included.

Employer Letterhead Here

(Insert Employer name, address, and logo)

Date (Insert Month, Date, Year)

Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103

Re: Broker/Agent of Record (BOR) and Portal Authorization letter

Dear (Sales Rep: Broker Executive, Account Executive, Sr. Account Executive, Sr. Benefits Consultant):

Please be advised that _____ (the "Agent") has been selected by _____ (the "Employer") as its Broker (Agent) of Record effective _____ (date).

I acknowledge that any contract for the provision of group health care coverage must be entered into between the Carriers (as defined in the Primary Agent Agreement) and the Employer. The Agent cannot bind coverage on behalf of the Carriers. I understand that all payments, other than the initial premium payment, which shall be made payable to the Carrier, should be sent directly to the Carrier from whom coverage is purchased and not to the Agent.

I understand that, if eligible, commissions on the Employer will be paid by the Carriers, and additional compensation referred to as "override commissions" may be earned from the Carriers for meeting overall sales and retention goals. **This language is critical and must be present for commissions to be paid.**

I also acknowledge that my selection of this Agent also authorizes the Agent and/or Primary Agent Kistler Tiffany Benefits General Agency (Primary Agent Company Name if applicable or N/A) to perform the Employer's duties and obligations under the Independence Blue Cross ("Independence") Employer Portal (IBXpress) and/or Independence Administrators ("IA") Client Portal (MyIBXTPAplan) effective _____ ("date") and ending _____ ("date") or until transfer of the Broker/Agent of Record Letter as described in the Primary Agent Agreement, whichever is earlier. In addition, the Agent's and/or Primary Agent's access to the Independence Employer Portal and/or IA Client Portal may be canceled at any time upon thirty (30) days prior written notice from the Employer to Independence and/or IA. The Agent needs access to (select one):

Independence Blue Cross Employer Portal

Independence Administrators Client Portal

I have selected the Agent and Primary Agent as an intermediary, and will be responsible for, and will hold Independence harmless for all act and/or omissions of the Agent and Primary Agent acting on the Employer's behalf, including a breach of the Terms and Conditions governing the use of the Portal. Independence will be entitled to rely on the Employer's designation set forth in this letter. Any disputes between the Employer and the Agent and Primary Agent regarding the Agent's or Primary Agent's access to the Portal shall be the sole responsibility of the Employer.

I do not authorize the above-named Agent and Primary Agent to perform the Employer's duties and obligations under the Independence Blue Cross ("Independence") Employer Portal and/or Independence Administrator ("IA") Client Portal

The Signatory of this Broker/Agent of Record and Employer Portal Authorization letter represents that he or she has the authority to legally bind the Employer.

Signature

Name

Title

Account

Date

This letter of Authorization may not be transferred.

This language must be included if the signatory is not the Account owner, partner or specific corporate officer.

This section must be completed by the Primary Agent

If you are obtaining access to the Independence Employer Portal, please select ONE of the options below.

Independence Employer Portal Responsibility for this customer will be handled by:

Primary Agent

Producing Agent

[If there is no Producing Agency, please check Primary Agent.]

Primary agents should submit completed forms to Client Setup through the **Commissions System** on **Sales Portal**.