

Letter of Consultation

Excellus BCBS
Attn: Broker Administration
165 Court Street
Rochester, New York 14647

Consulting Agency Name:
Consulting Agency Address:

City, State, Zip Code:

Dear Broker Administration Team:

Effective _____ (date), Our company hereby authorized Excellus Health Plan to release information pertaining to our companies _____ coverage to the Consultant Agency named above.

We understand this letter does not authorize the above-named Consultant to act on our behalf regarding any updates or changes to our current benefits and does not entitle them to any form of compensation.

This designation will remain in effect until notified by the group in writing to the contrary.

Sincerely,

Signature of Company Officer _____
(e-signatures accepted if authenticated)

Please print (Officer Name)

Title of Company Officer