

Letter of Authorization

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

Broker Agency Name:  
Broker 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 Broker Agency named above.

We understand this letter does not authorize the above-named Broker 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 shall remain in effect for 6 months from the date listed above or unless we notify Excellus BlueCross BlueShield in writing to the contrary.

Sincerely,

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

Please print (Officer Name)

Title of Company Officer