**SAMPLE**

**LETTER OF AUTHORIZATION**

**To release information**

**(TO BE SUBMITTED ON GROUP LETTERHEAD ONLY)**

Date (**IMPORTANT)**

<Name of Broker Program Manager> Broker Program Manager

<Company Name>

<Company Street Address>

<Company City, State, Zip>

Dear <Name of Broker Program Manager>:

Our company authorizes Excellus Health Plan to release information pertaining to our company’s health coverage to <name of agent>, whose business address is <street, city, state, zip code> effective <day, month, year>.

***Optional (If group already has Agent/Broker of Record):*** This does not authorize <him/her> to act on our behalf or in place of our current agent, <name>, whose business address is <street, city, state, and zip code>. Our Agent/Broker of Record remains the same.

I may be reached at <telephone number> with any questions you may have.

This designation shall remain in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(DATE MUST BE ENTERED).***

Sincerely,

Signature of Company Officer Please print (Officer Name)

Title of Company Officer