

# Broker of record request form

## Group information

Group name: \_\_\_\_\_

Group number: \_\_\_\_\_

Group authorized representative's name: \_\_\_\_\_

Representative's email: \_\_\_\_\_

## Broker of record information

The general agent, agency and selling agent listed below must have a valid appointment with Geisinger Health Plan (GHP) in order to be processed as broker of record. If no current appointment exists, appointment paperwork must be submitted in a timely manner.

Agent name: \_\_\_\_\_

Agent email: \_\_\_\_\_

Agency name (if applicable): \_\_\_\_\_

Agency email: \_\_\_\_\_

General agency (if applicable): \_\_\_\_\_

Broker of record effective date: \_\_\_\_\_

Group hereby authorizes agent/agency to solicit proposals the date the BOR is signed below. Effective date and received date of the BOR will determine when commission (if applicable) is paid to the producer.

## Required signatures

- I hereby authorize the agent above to electronically sign and submit my employer application for health care coverage to GHP.

Employer name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Employer signature: \_\_\_\_\_

- I acknowledge that any contract for provision of group healthcare coverage must be entered into between GHP and the group. The broker/agent cannot bind coverage for GHP. I understand that all payments should be sent directly to GHP.

Broker name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Broker signature: \_\_\_\_\_