

(Please transfer to your company letterhead and return to
DAVEVIC BENEFIT CONSULTANTS, INC. P. O. Box 976 Grove City, PA 16127 or fax to
724-458-7261)

Date:

**United Concordia
Attn: Small Business Unit
1800 Linglestown Road
Suite 208
Harrisburg, PA 17110**

**SUBJECT: Group Name:
Plan Name: Concordia _____
Group #: _____ - ____**

Dear Small Business Unit:

Please recognize David A. Gordon / *DAVEVIC BENEFIT CONSULTANTS, INC.* (Tax ID #25-1576397) as “Agent of Record” for the above-listed United Concordia Dental Plan. UC Producer ID#: Agency 000019729.

This request is to be effective January 1, 2011.

Thank you very much.

Sincerely,

(NAME & TITLE)