

Sample-Agent of Record Letter

(To be typed on your letterhead stationary and returned to
DAVEVIC at P.O. Box 976, Grove City, PA 16127 / Fax #724-458-7261)

(Date)

Whitney Walker
United Healthcare
12501 Whitewater Drive, MN004-0100
Minnetonka, MN 55343

Subject: Group Name: _____
 Group#: _____
 Plan Type: _____

Dear Whitney:

Please be advised effective immediately, **<Company Name>** desires to name **DAVEVIC BENEFIT CONSULTANTS, INC.** (Tax ID #25-1576397) as the Agent of Record for the above-mentioned Group Plan. We request that this become effective immediately.

Copies of our correspondence should go to their office at -

902 S. Center Street
P.O. Box 976
Grove City, PA 16127

Their phone number is (724) 458-7255.

Thank you for your prompt attention to this matter.

Sincerely,

Signature

Title