**Broker of Record Template**

**{Printed on employer group letterhead}**

*NY State of Health*

New York State Department of Health

Corning Tower, Room 2580

Albany, NY 12237

Effective [*date*], [*Employer Group Name*] hereby designates [*agent or agency*] located at [*business address*] as our Broker of Record for group health and dental plans offered in the *NY State of Health Small Business Marketplace*.

This designation of Broker of Record will remain in effect until we notify the *Small Business Marketplace* in writing to the contrary. This designation revokes any previous designation of a Broker of Record with the *NY State of Health Small Business Marketplace*.

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Signature of Authorized Employer Representative Printed Name & Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date