**Broker of Record Template**

*NY State of Health*

New York State Department of Health

Corning Tower, Room 2580

Albany, NY 12237

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

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

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Signature Printed Name

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Date