

SAMPLE LETTER OF AUTHORIZATION
(To be sent on firm's letterhead)

(Current Date)

Tim Sobolewski
President
Integrity Benefits Network Inc.
5205 Redford Drive
Brunswick, Ohio 44212

RE: Letter of Authorization

Dear Tim:

Please be advised that Integrity Benefits Network Inc is being granted sole authorization to act on our behalf as the agent of record regarding the following employee benefits:

- Hospitalization/Drug
- Life Insurance
- Vision
- Dental
- Disability

This authorization replaces any previously made designation as agent of record on the above noted benefits. This authorization can be rescinded by either party by being provided 20 days written notice.

It is also understood that a majority of employee benefit vendors pay broker compensation and such commission or fees have been discussed beforehand and are known to be already included within the present rate structure(s). These fees are will be paid directly by the carrier to IBNI and not payable by our company directly.

Sincerely,

Company Title