

Broker of Record Letter

To: Whom it may concern

Attention: Small Group Health Insurance

Company: _____

Account/(Group) # _____

I'm requesting the following broker(s) be listed on my account: Until you receive further written notice from me, please change your records to indicate our **NEW** Broker(s) of Record:

Broker/Producer

Mr. Michael A. Mendonca, FLMI
Mendonca Insurance Services
111 Briarwood Ln.
Aliso Viejo, CA 92656
949.954.4445
TaxID: _____

This change is to take place effective: _____

A Photostat copy of this authorization shall be considered as effective and valid as the original.

Owner's Name (Printed)

Owner's signature

Date

Michael A. Mendonca

Broker's Name (Printed)

Brokers's signature

Date