

Broker of Record - Book of Business

Dear Fallon Health/Fallon Health & Life Assurance Company, Inc.:

This letter is to notify you that we would like to appoint _____
(Writing Agent)
as the main writing agent for the book of business formerly held by _____
Broker/Broker agency name
effective _____.
MM/DD/YYYY

_____ may be entitled to receive commission based on the Fallon Health compensation schedule. The designation of Broker of Record will remain in effect until we notify Fallon Health/Fallon Health & Life Assurance Company, in writing that we wish to terminate the arrangement. This letter replaces any previously appointed Broker of Record letters on file with Fallon Health/Fallon Health & Life Assurance Company.

Sincerely,

Broker agency name (print)

Authorized signatory (signature)

Date

Navicare

Medicare Advantage

Please email the completed form to:
MedicareSalesBrokers@fallonhealth.org

