

# **Your Company**

## **Letterhead**

**(Date)**

**(Insurance Company Name)**

**(Group #)**

**Dear Sir or Madam,**

**I hereby designate McCarthy Stevenot Agency, Inc., 10921 Reed Hartman Hwy., Ste 310 Cincinnati, OH 45242 as our Agent of Record for group benefits as provided by your company.**

**I authorize McCarthy Stevenot Agency, Inc. to request information regarding alternative plans or quotes available to our company, if any.**

**I understand that compensation, if any, will be paid to my new broker.**

**Sincerely,**

**(Your name)**

**(Title)**