

AGENT OF RECORD REQUEST

To Whom it May Concern:

Effective immediately, I/We have appointed the following as our Agent of Record for ourselves and/or our employee benefit plan(s):

Jane K Hogland AND/OR William E Hogland
Health Benefits Washington Corp.
3621 143rd Pl NW
Marysville WA 98271
(425) 501-9414 Jane@Healthbenefitswa.com
(425) 501-4112 Bill@Healthbenefitswa.com

This appointment shall apply, but not be limited to:



GROUP PLANS

Group Medical
Group Dental
Group Vision
Group Term Life
Group AD&D
Group Disability
Flexible Benefits



INDIVIDUAL/FAMILY/MEDICARE

Individual/Family Medical
Individual/Family Dental
Individual/Family Vision
Individual/Family Supplemental Policies
Individual/Family Life Policies
Medicare Advantage Plans
Medicare Part B & D Supplements

Please be advised that, effective the date of the signature below, I have appointed Health Benefits Washington Corp. as my exclusive Agent and Broker. You are authorized to provide representatives with any information they request regarding my insurance contracts, benefits, schedules, loss data, rating worksheets, and other miscellaneous items.

Health Benefits Washington Corp. is not responsible, however, for any errors or omissions that may have occurred in insuring this account prior to the effective date of the is Agent of Record assignment. This letter supersedes any previously issued Agent of Record letters.

This appointment shall remain in effect until rescinded in writing. Should you have any questions, please contact the undersigned:

Sincerely,

PRINT NAME

SIGNATURE

DATE

Print **COMPANY NAME**

Position

Phone

Mailing Address

City/State

Zip Code

Email Address