

Broker of authorization request form

Group information

Group name: _____

Group number: _____

Group authorized representative's name: _____

Representative's email: _____

Broker of authorization information

The general agent, agency and selling agent listed below are/is authorized to solicit proposals for group healthcare benefits on behalf of the above listed employer group. The information in these proposals may include, but is not limited to, rates, benefits, funding arrangements, and provider networks.

Agent name: _____

Agent email: _____

Agency name (if applicable): _____

Agency email: _____

General agency (if applicable): _____

Broker of authorization effective date: _____

Required signatures

- I hereby authorize the agent/agency above to electronically sign and submit my employer group application for health care coverage to GHP. If we decide to name the above listed agent/agency as our broker with Geisinger Health Plan, a Broker of Record form must be executed in order for the agent/agency to receive possible compensation.

Employer name (print): _____ Date: _____

Employer signature: _____

- I acknowledge that any contract for provision of group healthcare coverage must be entered into between GHP and the group. The broker/agent cannot bind coverage for GHP. I understand that all payments should be sent directly to GHP.

Broker name (print): _____ Date: _____

Broker signature: _____