

Attn.:

Re: Broker/Agent of Record and Employer Portal Authorization letter for account: _____

To Whom it May Concern:

Please be advised that Total Benefit Solutions Inc (the "Agent") has been selected by (the "Employer") as its Broker (Agent) of Record effective immediately.

I acknowledge that any contract for provision of group health care coverage must be entered into between the Carriers (as defined in the Primary Agent Agreement) and the Employer. The Agent cannot bind coverage on behalf of the Carriers. I understand that all payments, other than the initial premium payment which shall be made payable to the Carrier, should be sent directly to the Carrier from whom coverage is purchased and not to the Agent.

I understand that, if eligible, commissions on the Employer will be paid by the Carriers, and additional compensation referred to as "override commissions" may be earned from the Carriers for meeting overall sales and retention goals.

- I also acknowledge that my selection of this Agent also authorizes the Agent or Total Benefit Solutions Inc (designated Agent if different from the Agent) to perform the Employer's duties and obligations under the Independence Blue Cross ("Independence") Group Internet Portal, IBXpress, effective immediately and ending _____ ("Date" – Do not enter date if one does not apply at this time) or until transfer of the Broker/Agent of Record Letter as described in the Primary Agent Agreement, whichever is earlier. In addition, the Agent's access to the Group Internet Portal may be canceled at any time upon thirty (30) days prior written notice from the Employer to Independence.

I have selected the Agent as intermediary, and will be responsible for, and will hold Independence harmless for all acts and/or omissions of the Agent acting on the Employer's behalf, including a breach of the Term and Conditions governing the use of the Portal. Independence will be entitled to rely on the Employer's designation set forth in this letter. Any disputes between the Employer and the Agent regarding the Agent's access to the Portal shall be the sole responsibility of the Employer.

8/2015

- I do not authorize the above named Agent to perform the Employer's duties and obligations under the Independence Blue Cross ("Independence") Group Internet Portal, IBXpress.

This Broker/Agent of Record and Employer Portal Authorization letter may not be transferred.

By: _____ Printed Name: _____

Title: _____ Employer: Baldor of Phila _____

Date: _____

The Signatory of this Broker/Agent of Record and Employer Portal Authorization letter represents that he or she has the authority to legally bind the Employer.

8/2015