

Broker of Record Letter

(To be submitted on client company letterhead only)

Attention: _____

Date: dd/mm/yyyy

Name of Fallon Health Account Manager

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

If one broker is appointed:

This letter is to notify you that our company has appointed _____, whose
business address is _____ as our Broker of Record, with respect to coverage
provided to this organization by _____, effective _____.

If two brokers are appointed:

This letter is to notify you that our company has appointed _____, whose
business address is _____
as our Broker of Record, and will split the broker commission _____ with _____,
whose business address is _____.

It is our understanding that _____'s broker commission will be built into administrative costs, or paid out of our monthly premium (ASOs only). Fallon Health/Fallon Health & Life Assurance Company, Inc. (FHLAC), is authorized to discuss with _____ any and all financial information you have concerning our account. I understand that if our company elects to purchase coverage from your company, that _____ may be entitled to receive a commission and/or bonus based on the _____ Fallon Health/FHLAC compensation schedule. Fallon Health/FHLAC will make specific commission information available on request. The designation of Broker of Record will remain in effect until we notify Fallon Health/FHLAC in writing to the contrary. This letter replaces any previously appointed Broker of Record letters on file with Fallon Health/FHLAC.

Sincerely,

Signature of company officer

Officer name (Please print.)

Title of company officer

Please note: This Broker of Record Letter must be on client company letterhead. If the company does not have its own letterhead, Fallon Health/FHLAC reserves the right to contact an officer of the company to verify the status of the Broker of Record.