**PRODUCER OF RECORD LETTER**

**GROUPS 100+ - PA**

**[Date]**

**Highmark Broker Experience**

**Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The client above hasnamed **[Insert Name] (Producer),** an agent of **[Insert employing agency name],** and **[Insert Entity Name] (General Agency)** as Producer(s) of Record effective [**Effective Date]** for its group health care benefits offered through Highmark and applies to all lines of business unless otherwise stated. This Producer of Record Letter will remain in effect until Highmark is notified via a revised Producer of Record Letter, or the Client’s Health Benefits Plan contract is terminated. In addition, Client hereby acknowledges and agrees that Highmark may disclose enrollment, disenrollment, summary health and/or premium billing information, benefit booklets, executed administrative services or insurance contracts requested by the Producer of Record for purposes of inputting, updating and/or reviewing the same for the above – identified business.

Client recognizes that the Producer(s) of Record, as indicated above,acts as representative(s) for Highmark in accordance with applicable Highmark agreements. It is understood that **[General Agency Name]** will receive commissions in consideration for the services provided. These commissions are included as an additional component of the rates. **[General Agency Name]** may be eligible to receive additional compensation for achieving specified sales goals.

Commission amounts apply to lines of business as stated below (N/A can be used).

|  |  |
| --- | --- |
| **Line of Business** | **Commission Rate** |
| Medical |  |
| Dental |  |
| Vision |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Client Representative Date

Print Name of Authorized Client Representative Title

**NOTE:**

Letters received in our office on or before the 10th of the month will be effective the first of the following month. Letters received after the 10th of the month will be effective the first of the second following month.

Example: Letter received May 8th will be effective June 1st.

Example: Letter received May 19th will be effective July 1st.

Please submit your completed POR to the Highmark Broker Experience Team at [HighmarkChannelCompensation@highmark.com](mailto:HighmarkChannelCompensation@highmark.com)