

CONCORD MANAGEMENT RESOURCES

Date

Affiliated Physicians and Employers Master Trust
c/o Members Health Plan NJ
399 Campus Drive – Ste 300
Somerset NJ 08875

To Whom It May Concern:

This will notify you that our company has appointed ***Broker/Agency Name Address*** as our Broker of Record effective ***Date of Coverage***.

Commissions should be paid to our company's Broker-of-Record as of the effective date stated in this letter. The designation of our Broker-of-Record will remain in effect until we notify you in writing to the contrary, but no sooner than the renewal dates of our group contract. This replaces any previously appointed Broker. We agree that any such notice shall apply prospectively to future contract renewals.

Sincerely,

Company Officer

Date