**PRODUCER OF RECORD LETTER**

**WESTERN PA**

**SAMPLE LETTER:**

**[Date]**

**[Client Manager’s Name]**

Highmark Inc.

120 Fifth Ave, **[Suite Number]**   
Pittsburgh PA, 15222

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

The client above hasnamed Highmark General Agency, Benefits Network Inc. #63962 (A wholly owned subsidiary of NFP)and **[Producer Name]** 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 the named Producer(s) of Record will receive commissions in consideration for the services provided. The Producer(s) of Record may be eligible to receive additional compensation for achieving specified sales goals.

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(Signature of Authorized Representative of Client) (Date)

(Print Name of Authorized Representative of Client) (Title)

Cc: Cheranne Jurena | [cheranne.jurena@nfp.com](mailto:cheranne.jurena@nfp.com)

Benefits Network, Inc. / NFP