

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

**Re:** \_\_\_\_\_

This letter will authorize \_\_\_\_\_ & **GroupQuest Benefits Resources Inc.** to complete a full review and analysis of our Employee Benefit Program.

Present insurers are hereby requested to release all pertinent information (i.e. policies, monthly billing rates, and claims experience, related financial statements), for the past three (3) complete policy years and the current policy year.

This letter specifically authorizes \_\_\_\_\_ & **GroupQuest Benefits Resources Inc.**, to act on our behalf for the following purposes.

1. To review our requirements for employee benefit plans;
2. To prepare specifications for submission to insurers;
3. To obtain quotations from interested insurers;
4. To analyze these quotations and make recommendations concerning them;
5. Upon our acceptance of their recommendations, to transact any resulting business with appropriate insurers and receive any commissions payable.

This letter supersedes all other letters and it is understood that this letter of authorization in no way obligates our Company to implement any recommendations. All data obtained by \_\_\_\_\_ & **GroupQuest Benefits Resources Inc.**, with respect to our Company will be kept in the strictest confidence.

Sincerely,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_