

To Whom It May Concern:

Please be advised that Custom Benefit Plans, Inc. #232942938 (the "Broker") represents _____ (the "Group") as its Broker of Record, and as such is authorized to solicit proposals for health care benefits programs from AETNA.

I acknowledge that the Broker is not acting as agent for the Insurers, and that any contract for provision of group health care coverage must be entered into between the Insurers and the Group. I further understand that the Broker and Insurers have entered into an Insurance Broker's Agreement, which provides for payment of commissions by the Insurers to the Broker for its services.

By:

Signature of Owner/Officer

Name

Title

Group

Date