

# SAMPLE RESCIND LETTER

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## COMPANY LETTERHEAD

Date

Commissions/Licensing Department  
Independence Blue Cross  
1901 Market Street  
Philadelphia, PA 19103

Re: Rescind Letter  
Group Name  
Group Number(s)

Please be advised that Broker Name (the “Broker”) represents Company Name (the “Group”) as its Broker of Record; and as such is authorized to solicit proposals for health care benefit programs from Independence Blue Cross and Pennsylvania Blue Shield (the Insurers”).

I acknowledge that any Contract for provision of group health care coverage must be entered into between the Carriers and the Account. The Agent cannot bind coverage on behalf of the Carriers. I understand that all payments, other than the initial premium payment which shall be made payable to the Carrier, should be sent directly to the Carrier from whom coverage is purchased and not to the Agent. I understand that, if eligible, commissions on the Account will be paid by the Carriers, and additional compensation referred to as “override commissions” may be earned from the Carriers for meeting overall sales and retention goals.

**This Broker of Record letter rescinds the prior Broker of Record change effective date. I misunderstood the impact of that request and wish to restore Broker Name as my Broker of Record.**

Executive Name  
Title (President, Vice President, Controller, Corporate Officer, etc.)

**NOTE TO BROKER: This rescind letter must be received by D( D within sixty (60) days of the notification date to ensure commissions continue without interruption. A rescind letter received after sixty (60) days will be processed as a new BOR and effective first of the month after thirty (30) days.**