



Notice of Authorization

TO WHOM IT MAY CONCERN:

This letter confirms the authorization of _____ (**Plan Advisor**) to access our employees' information regarding Group Benefits on BBD On-line.

Benefits by Design is hereby requested to allow the Plan Advisor access to our employees' personal Group Benefits information. The sole purpose for allowing the Plan Advisor access to personnel information is for managing our company's Group Benefits program. The information is not to be used for any other purpose and will not be shared with any person or entity unless approved by our company.

Please do not hesitate to contact me if you have any questions.

Signed this _____ day of _____, 20____.

At: (location) _____

Company / Group name:

Authorized Signature

Witness Signature

Please Print Name

Title

Phone and Extension number