



Company Name: _____
Address: _____
City/Province: _____
Postal Code: _____

Notice of authorization and appointment

This letter appoints Better Benefits Solutions Ltd dba Better Benefits to act on our behalf regarding the Employee Benefits program for our company.

This is our authorization to any insurance company or other organization underwriting such plans to supply Better Benefits with any information that may be requested regarding existing plans, possible future plans, or quotations on our Employee Benefits/Group Insurance plan.

This also constitutes our request to any such organization to recognize Better Benefits as our Agent of Record with respect to any such plans and to pay any commissions that may be due on such business.

Dated at _____ this ____ day of _____, 2021.
(town, province)

Authorized Signature

Printed Name

Title