

Company Letterhead

(If preprinted letterhead is not available, the letter must be notarized)

Current Date

Carrier Name & Address

RE: [Enter Group Number and Suffix here]

To whom it may concern:

Please accept this letter as formal permission for Sterling Benefits Group, LLC and Mr. Phil D. AcMoody (13396) to obtain our plan information and rates from BCBSM for quoting purposes. This letter does not serve as an agent of record or allow Mr. AcMoody to make changes to our plan. Feel free to contact our office if additional information is needed.

Thank you,

Name/Title