

**Re: Authorization Letter**

To Whom It May Concern:

This will serve as authorization for Employee Benefits Inc., (EBI) to perform an analysis and review of our Employee Benefit Programs and to obtain competitive quotes if necessary.

This letter also constitutes your authority to furnish them with whatever information they deem necessary for their analysis and review including insurance contracts, rates, reserves, retention, claims experience, Schedule A (Form 5500) and any other financial data necessary.

Sincerely,

By:

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Title:

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Company Name:

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Dated:

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