



## CONFIRMATION OF APPOINTMENT OF THIRD PARTY ADMINISTRATOR

TO: Provident Life and Accident Insurance Company (hereinafter referred to as "the Company")

FROM: Policyholder Name: \_\_\_\_\_  
(hereinafter referred to as "the Policyholder")

RE: Policy #: \_\_\_\_\_  
(hereinafter referred to as "the Policy")

EFFECTIVE DATE: \_\_\_\_\_

THIRD PARTY ADMINISTRATOR: \_\_\_\_\_  
(hereinafter referred to as "the Administrator")

1. The Policyholder hereby appoints the Administrator to act as its agent in the administration of the above noted group policy. In this capacity, the Policyholder agrees and acknowledges that the Administrator does not act as an agent for the Company. The Policyholder agrees and acknowledges that the Administrator shall be deemed to be the agent of the Policyholder and its employees.
2. The Policyholder has directed the Administrator to perform administrative functions that would otherwise be performed by the Policyholder in the administration of the group policy. Such functions include, but are not limited to, the maintenance of employee eligibility files, the preparation of monthly premium statements, the collection of and accounting for premiums, and the remittance of premiums in accordance with the provisions of the group policy. The Policyholder hereby authorizes and directs the Company to communicate and deal directly with the Administrator on all administrative matters regarding the group policy. Such communications and dealings shall be deemed to have been made directly with the Policyholder. The Policyholder acknowledges that it has directed the Administrator to maintain adequate records with respect to the administration of the group policy, and to make such records accessible to the Company for examination and audit throughout the calendar year to which they are related. The Administrator has further been directed that in the event that the appointment of them is rescinded or that the group policy is terminated such records shall remain accessible to both the Policyholder and the Company for a period of seven (7) calendar years after such event.

The Policyholder agrees that upon prior written notice, the Company will be entitled to conduct an audit of all records held by the Administrator, and by the Policyholder, if any, which are related to the administration of the policy.

The Policyholder acknowledges and agrees that the Company also has the right to terminate the appointment of the Administrator.

The Policyholder agrees to give immediate written notice to the Company of its termination of the appointment of the Administrator, in which event, the appointment shall remain in effect until thirty-one (31) days after the date of receipt by the Company of written notice of its cancellation. It is agreed that the Company shall have the right to refuse further dealings with the Administrator after providing the Policyholder with 31 days notice of their intent. Thereafter, the Company will perform the administrative services delegated herein to the Administrator.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_