

Authorization

The undersigned understands that Euclid Managers, a DBA of Boon Administrative Services, Inc. (“Euclid”), performs certain administrative services from time to time within the state of Illinois for various insurance carriers (each, a “Carrier”), and hereby certifies to Euclid as follows:

1. _____ (“Employer”) is an employer seeking group insurance coverage for its eligible employees, qualified beneficiaries, dependents and independent contractors.
2. _____ (“Broker”) is the insurance broker who has contacted Euclid regarding placement of Employer’s coverage with one or more Carriers.
3. To the best of my knowledge, the information provided to Euclid regarding Employer, Employer’s employees, qualified beneficiaries, dependents and independent contractors is true, correct and complete.
4. Euclid is authorized and directed to relay the provided information to any Carrier, including through electronic means. Employer and Broker understand that such Carrier will be relying on the information provided to determine eligibility, coverage, set premium rates, and other purposes.
5. Further, Euclid is authorized and directed to certify to the Carrier as to the accuracy of the information provided on behalf of Employer and Broker, and in making such certification, is entitled to rely on this Authorization. Employer and Broker hereby certify that it has received and retained a record of each employee’s completed enrollment form, which includes the employee’s signature and date, and that such form(s) will be made available to Euclid promptly upon Euclid’s request.
6. Euclid shall have no liability to Employer or Broker for any errors or omissions contained in the materials provided.
7. Broker and Employer acknowledge and agree that any coverage granted is subject to Carrier’s rules and policies. Carrier may request additional information, including certain tax documents, and may rescind coverage already granted if Carrier is not satisfied, in its sole discretion, with any documentation received or otherwise in accordance with its rules or policies.
8. Employer and Broker agree to jointly and severally indemnify and defend Euclid from and against any claims, causes of action or other damages suffered by Euclid resulting from inaccurate or incomplete information.

The undersigned hereby executes this Authorization as of _____, 2024:

EMPLOYER:

BROKER:

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____