

Attn: **Group Benefits Department**: Fax to **416-900-0894** or email **info@canadainsuranceplan.ca**

DATE __/__/__

Dear:

Re: Group Name - _____

This letter will authorize Mars Empire Group Inc., to complete a full review and analysis of our Employee Benefit Program.

Present insurers are hereby requested to release all pertinent information (i.e. policies, monthly billing rates, employee data, claims experience, related financial statements), for the past three complete policy years and the current policy year.

This letter specifically authorizes Mars Empire Group Inc. to act on our behalf for the following purposes:

1. To review our requirements for employee benefit plans
2. To prepare specifications for submission to insurers
3. To obtain quotations from interested insurers
4. To analyze these quotations and make recommendations concerning them
5. Upon acceptance of their recommendations, to transact any resulting insurance business with appropriate insurers and receive commissions payable.

It is understood this letter of authorization **does not** obligates our Company to implement any recommendations. All data obtained by Mars Empire Group Inc., with respect to our Company will be kept in the strictest confidence.

Regards,

Group Administrator Signatures: _____

Group Administrator Name: _____

Phone Number: ____ ext ____ ; Fax ____ email address _____@_____