[Today’s date]

Best Life Underwriting Department

P.O. Box 3023
Meridian, ID 83680-3023

This is to confirm that [Name of Group] is enrolling its group Life AD&D insurance with Best Life effective [Month/Day/Year].

This letter acknowledges that we have not submitted each of the enrolling employee’s life insurance beneficiary designations with the enrollment paperwork as we have this information in each of our employee’s files.

We will forward the beneficiary information to Best Life if and when they request it from us.

Thank you.

[Name and Title of Company Officer]