Agent of Record Change Template

<u>This form must be printed on Company Letterhead for a group change</u>

This form is a formal request to change the Agent of Record (AOR) for an employer group or individual policyholder with Humana coverage.

GROUP/POLICYHOLDER NAME: _____

Please provide all group number(s) tied to this group OR individual policyholder number

_____ , _____, _____, _____ , _____

AOR REQUESTED EFFECTIVE DATE: __/__/____
The effective date will be based on the premium paid through date or your requested effective date, whichever is later.

NEW REQUESTED AGENT OF RECORD INFORMATION (This will be the agent or agency, the new writing agent represents)

AGENT OF RECORD NAME: _____
AGENT OF RECORD PHONE NUMBER: _____
HUMANA AGENT NUMBER (HAN): _____
The HAN should be provided by the agent. This is a 7 digit number assigned by Humana.

NEW REQUESTED WRITING AGENT INFORMATION (This is the new agent servicing your group)

WRITING AGENT NAME: _____
WRITING AGENT PHONE NUMBER: _____
HUMANA AGENT NUMBER (HAN): _____
The HAN should be provided by the agent. This is a 7 digit number assigned by Humana.

This letter requests that Humana designate the above stated Agent of Record and/or Writing Agent , individual or agency, as the case may be, to have the authority to represent the group or policyholder listed above for all lines of coverage with Humana and all affiliations that are tied to the group or policyholder number(s) listed above. This form replaces any other authorization that may have been previously completed for purposes of Agent of Record designation. I certify that I am an authorized representative (Owner, Officer or Benefit Administrator) of this group or the individual policyholder, as the case may be, and that all information contained herein is complete and accurate to the best of my knowledge. I understand, due to circumstances beyond the control of Humana, that the requested effective date may be delayed thus resulting in delayed accrual of commissions to the new AOR.

NAME OF DULY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL POLICYHOLDER (Please Print)

_____

AUTHORIZED REPRESENTATIVE OR POLICYHOLDER SIGNATURE

_____

TITLE (If Applicable): _____DATE: _____

Humana, in its sole discretion, reserves the right to make the final determination of approval or disapproval of this request.