

Agent of Record Change Form

- This form is to be completed when an employer/group is requesting an agent change
- **The request must be printed on or include company letterhead**

1.	Group Information - if multiple group numbers please include all		
		Group Name (Please Print)	Group Number(s)
		Is this Agent of Record change due to a rescission?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No requested effective date _____	
		The effective date will be based on the premium paid through date or your requested effective date, whichever is later	
2.	New Agent/Agency Information		
		Agent of Record Name (Please Print)	SAN
		Writing Agent Name (Please Print)	SAN
3.	General Agency (to be provided by the new Agent of Record)		
		Would you like to request a General Agency? _____ Yes _____ No	
		If Yes please provide:	
		Name _____	GA ID or Territory Number _____
4.	Authorization		
		<p>This letter requests that the above stated Agent of Record and/or Writing Agent have the authority to represent this group for all lines of coverage with Humana, and all affiliations that are tied to the group number(s) listed above. This form replaces any prior authorization that may have been previously completed for purposes of Agent of Record designation. I certify that I am an authorized representative of this group, and that all information contained herein is complete and accurate to the best of my knowledge. I understand that Humana reserves the right to make the final determination of approval or disapproval of this request, and that the effective date may be delayed due to circumstances beyond the control of Humana.</p>	
		Name (Please Print)	Title/Designation
		Signature	Date
5.	Submit completed form		
		Email agencygmt@humana.com or Fax 920-339-2160	

If you have any questions or concerns, please contact Agency Management at (855) 330-8128