

# BROKER OF RECORD CHANGE REQUIREMENTS

	Aetna	Allstate Benefits	Anthem Blue Cross	Blue Shield of California	CalCPA Health†	CaliforniaChoice®	Chinese Community Health Plan	Cigna + Oscar	E.D.I.S.	Health Net
Need original Broker of Record change letter on company letterhead or copy ok?	Copy	Copy is o.k.	Copy	Copy	Copy or fax of letter is required	Copy	Company letterhead is required	Copy OK	Copy	Copy
Send Broker of Record change letter to (dept name + fax # or mailing address)	Aetna Answer Team: 800-343-6101 or 844-250-9110 (fax) or NationalSSCSmallGroup@aetna.com	Email (strongly preferred): sflicensing@ngic.com  Mail to: National General Benefits Solutions Group Retention-3rd Floor 501 W. Michigan St. Milwaukee, WI 53203	Sales Support 877-255-4015 casgbrokerservices@anthem.com	Sales Support 877-255-4015	Banyan Administrators: fax: 877-237-4519 email: calcpahealth@fnrm.com	Finance 714-972-7368	Sales Dept 445 Grant Ave #700, San Francisco, CA 94108  415-955-8819 brokers@cchphealthplan.com	brokers@hioscar.com	Broker Services 888-886-7973	Single Fax # for SBG Account Management: CA SBG Statewide Fax 800-303-3110
Turn around time for processing this change	7-10 business days	On average 60 days, unless the group is in their first plan year	7-10 business days	7-10 business days	2 business days	7-14 business days (15 day rescission period)	Up to 14 business days	5 days	7-10 days (10 day rescission period)	5-7 business days
Does carrier notify existing broker of this requested change?	As a courtesy, Aetna notifies the broker after the change is processed via letter - advising them that they have been removed as the broker of record at the customer's request	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	1st of the month following receipt	For new groups, the new BOR change will not be in effect for commissions until the group has reached their first anniversary. Otherwise, we need 60 days notice	1st of following month	1st of following month	-If request is received before the 15th of the month, it will be effective on the first of the next month. -If request is received on or after the 15th of the month, it will be effective on the first of the month following a one month period. -Please note that this relates to the effective date of commissions. Commissions are paid to the new broker for premiums received on or after the commissions effective date. The broker can start acting on behalf of the firm as soon as we get the request.	1st of following month	1st of following month	1st of month following the date of change request	1st of following month	1st of following month
Is prior agent vested?  If yes, how long?	No	No	No	No	No	Yes— for the first 6 months	No	No	No	No

† Broker of Record changes apply to Word & Brown agents business ONLY

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	Kaiser Permanente*	MediExcel Health Plan	Oscar	Sharp Health Plan	SIMNSA Health Plan	Sutter Health Plus	Total Benefit Solutions	United Healthcare	Western Health Advantage
Need original Broker of Record change letter on company letterhead or copy ok?	Copy	Copy	Copy OK	Copy	Yes, we require the BOR on a company letterhead or copy.	Copy	The letter should be provided on your company letterhead and include the following:  <ul style="list-style-type: none"> <li>• Policy Number</li> <li>• Name of the new broker or agency including their Tax ID number</li> <li>• Effective date of the new broker or agency</li> <li>• Signature and Date</li> </ul>	Copy	Copy
Send Broker of Record change letter to (dept name + fax # or mailing address)	Fax Broker of Record changes to 800-369-8010.  For other compensation questions contact Broker Administration at (800) 440-2323.	<a href="mailto:rfp@mediexcel.com">rfp@mediexcel.com</a>	<a href="mailto:brokers@hioscar.com">brokers@hioscar.com</a>	Sales Dept. 858-499-8246 SHP. <a href="mailto:CommercialSales@sharp.com">CommercialSales@sharp.com</a>	<a href="mailto:RFP@simnsa.com">RFP@simnsa.com</a>	Broker Services Department 916-736-5418 <a href="mailto:shpbroker@sutterhealth.org">shpbroker@sutterhealth.org</a>	Please email your request to <a href="mailto:globalrenewals@tbsmga.com">globalrenewals@tbsmga.com</a>	Group Size 2-100: Renewal Account Executive	Sales Department Email: <a href="mailto:WHASales@westernhealth.com">WHASales@westernhealth.com</a> or Fax: 916-568-1338
Turn around time for processing this change	14 business days	48 hours	5 days	7-10 business days	1-2 business days	3-5 business days provided new BOR is appointed with SHP	48 hours	10 business days	3-5 Business Days
Does carrier notify existing broker of this requested change?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long	The date on the BOR letter must be on or before the 1st of the month and be received by KP within the first 5 business days of the month for it to be effective that month	1st day of month following receipt of notification.	1st of month following the date of change request	1st of following month unless requested during the 1st week of month to be effective that month	1st of the month unless otherwise requested	1st of the following month	Broker of record effective date will be what is listed on the BOR letter. For commission purposes, will be 1st of the month following receipt of the change request.	1st of following month	1st of the following month
Is prior agent vested?  If yes, how long?	No	No	No	No	No	No	No	No	No

\* Please note Kaiser Permanente summary information is contained herein but Kaiser Permanente has not reviewed the information contained within this guide and Word & Brown therefore cannot guarantee its accuracy. Please contact your Word & Brown sales representative in the event of any discrepancies. The information provided in this guide is not intended to describe all of the benefits included in each plan, nor is it designed to serve as the "Evidence of Coverage" or "Certificate of Insurance." The KFHP Evidence of Coverage and the KPIC Certificate of Insurance contain a complete explanation of benefits, exclusions, and limitations.