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## Aetna

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Mid-Market Account Manager or [BrokerComm@aetna.com](mailto:BrokerComm@aetna.com)

**Turn around time for processing this change**

7-10 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

**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

**Is prior agent vested? If yes, how long?**

No

## Anthem Blue Cross

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Mid-Market Account Manager or Executive Sponsor

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

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 following month

**Is prior agent vested? If yes, how long?**

No

## Blue Shield of California

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Sales Support: 877.255.4015

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

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 following month

**Is prior agent vested? If yes, how long?**

No

# BROKER OF RECORD CHANGE REQUIREMENTS

## CalCPA Helath\*

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Sales Support: 877.255.4015

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

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 following month

**Is prior agent vested? If yes, how long?**

No

## Cigna

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Sales Support: 877.255.4015

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

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 following month

**Is prior agent vested? If yes, how long?**

No

## E.D.I.S.

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Sales Support: 877.255.4015

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

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 following month

**Is prior agent vested? If yes, how long?**

No

## Health Net

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Account Management:

So. Cal Fax: 818.676.6297

No. Cal Fax: 800.303.3110

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

Yes

**Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long**

1st of following month

**Is prior agent vested? If yes, how long?**

No

## Kaiser Permanente\*

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Email to: [amt@kp.org](mailto:amt@kp.org) or fax changes to: 800.369.8010

For other compensation questions contact  
Broker Administration at 800.440.2323

**Turn around time for processing this change**

It typically takes between 48 and 72 hours

**Does carrier notify existing broker of this requested change?**

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

**Is prior agent vested? If yes, how long?**

No

## MediExcel Health Plan

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

[sales@mediexcel.com](mailto:sales@mediexcel.com)

**Turn around time for processing this change**

48 hours

**Does carrier notify existing broker of this requested change?**

No

**Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long**

1st day of month following receipt of notification

**Is prior agent vested? If yes, how long?**

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.

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# BROKER OF RECORD CHANGE REQUIREMENTS

## Sharp Health Plans

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Sales Dept.: 858.499.8246

**Turn around time for processing this change**

7-10 business days

**Does carrier notify existing broker of this requested change?**

Yes

**Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long**

1st of following month unless requested during the 1st week of month to be effective that month

**Is prior agent vested? If yes, how long?**

No

## Total Benefits Solutions (Aetna Int'l.)

**Need original Broker of Record change letter on company letterhead or copy ok?**

The letter should be provided on your company letterhead and include the following:

- Policy Number
- Name of the new broker or agency including their Tax ID number
- Effective date of the new broker or agency
- Signature and Date

Copy ok

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Please email your request to [globalrenewals@tbsmga.com](mailto:globalrenewals@tbsmga.com)

**Turn around time for processing this change**

3-5 business days

**Does carrier notify existing broker of this requested change?**

Yes

**Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long**

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

**Is prior agent vested? If yes, how long?**

No

## United HealthCare

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Group Size 2-100: Renewal Account Executive

**Turn around time for processing this change**

10 business days

**Does carrier notify existing broker of this requested change?**

Yes

**Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long**

1st of following month

**Is prior agent vested? If yes, how long?**

No

## Western Health Advantage

**Need original Broker of Record change letter on company letterhead or copy ok?**

Copy

**Send Broker of Record change letter to (dept name + fax # or mailing address)**

Sales Department

Fax: 916.568.1338

or via email: [WHASales@westernhealth.com](mailto:WHASales@westernhealth.com)

**Turn around time for processing this change**

3-5 business days

**Does carrier notify existing broker of this requested change?**

Yes

**Effective date for new broker if group does not rescind this change request is prior agent vested? If yes, how long**

1st of following month

**Is prior agent vested? If yes, how long?**

No