

Broker of Record Change Notice

Instructions: complete form and email to [calcpahealth@calcpahealth.com](mailto:calcpahealth@calcpahealth.com)

Questions about completing this form:

email [calcpahealth@calcpahealth.com](mailto:calcpahealth@calcpahealth.com) or 877-480-7923

CalCPA Health Participating Employer Name:

Authorized Officer of Firm

Signature:

Print Name:

Title:

Date:

Please change our firms Broker of Record for all lines of coverage to:

Broker/Agent Name:

Brokerage/Agency Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

*Note:*

*In leu of this form, all of the above information may be submitted on company letterhead or email.*

*Broker of Record changes are effective on the first of the month thirty days after receipt of this form.*