

## **Agent of Record Change Form**

- This form is to be completed when an employer/group is requesting an agent change
- · This form must be submitted by email from a group representative or must be be printed on or include company letterhead

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 resicssion?	
[ ] Yes [ ] 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 (Humana ID Number)
Writing Agent Name (Please Print)	SAN (Humana ID Number)
3. <b>General Agency</b> (to be provided by the new Agent of Record)	
Are you working with a General Agency on this Case? Yes No If Yes please provide:	
Name of General Agency & City & City	
4. Authorization	
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.	
Name (Please Print)	Title/Designation
Signature	Date
5. Submit completed form	
Email agencymgt@humana.com or Fax 920-339-2160	

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

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