

Delegated Commission Assignment Form



- This form is to be completed by the **Individual Producer** only, this form is not to be filled out by an Agency.
- Commissions currently assigned to another Producer/Agency will not be moved. You can only name a new Producer/Agency of Record for existing business that you are currently listed as the Agent of Record.
- The changes requested below are subject to Humana review and approval and will be applicable to future commission payable after the form has been approved and processed.
- When you assign your standard commissions to a Managing General Agent directly or reassigning them back to yourself, it is subject to Humana discretion before this becomes effective.

Section 1- Agent Information (Individual Producer)

Delegated Agent Name (Please print) _____

Humana Agent Number/SAN _____

New Business Address (Will only apply to the agent named above) _____

New Email _____

*** Complete the below for each applicable type of business**

Section 2 - Medicare: (Valid Medicare amendment required)

☐ Future Business Only ☐ Existing & Future Business

PAY TO: Agent/Agency Name _____

PAY TO: Humana Agent/Agency Number (SAN) _____

*This Form will not change your General Agency. Please contact the Agent Support Unit to update.

Section 3- Group Medicare (Valid Group Medicare amendment required)

☐ Future Business Only ☐ Existing & Future Business

PAY TO: Agent/Agency Name _____

PAY TO: Humana Agent/Agency Number (SAN) _____

Section 4- Group Commercial: Medical, Dental, Vision, Life

☐ Future Business Only ☐ Existing & Future Business

PAY TO: Agent/Agency Name _____

PAY TO: Humana Agent/Agency Number (SAN) _____

Section 5- Individual: Dental, Vision

☐ Future Business Only ☐ Existing & Future Business

PAY TO: Agent/Agency Name _____

PAY TO: Humana Agent/Agency Number (SAN) _____

*This Form will not change your General Agency. Please contact the Agent Support Unit to update.

Section 6- Assignment Authorization

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. As the current Agent of Record (AOR) I am requesting that the AOR be changed for the type of policies as indicated on this form. The party to receive commissions must have a valid Producer Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Producer Contract. *State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record. Assignment of payment is not valid until Humana approves.*

Signature of Delegated Agent _____

Date _____

Section 7- Submitting this form

Email: agencymgt@humana.com or **Fax:** 920-339-2160

Please include *Commission Assignment Form* with your SAN in the subject line of your email or fax.