



## Agent of Record Assignment Form

The purpose of the Agent of Record Assignment Form is to give Group Accounts the option to select a new agency or agent of record (AOR). This form must be completed and **signed by a company officer**. Even though all AOR changes are effective immediately, you will not be eligible for a commission payment on this policy until the first of the month following HealthPartners' receipt of this request. At which time, the date of your first commission payment will be dependent upon receipt of the group's next premium payment.

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|--|--|
| HealthPartners Group Number _____        | Group Name _____                       |
| Lines of Coverage:                       | Medical      Dental                    |
| Group Address _____                      |  |
| _____                                    |  |
| Group Phone Number _____ - _____ - _____ | Group Fax Number _____ - _____ - _____ |

|                                    |                                  |
|------------------------------------|----------------------------------|
| New Agent Name _____               | New Agent # _____                |
| New Agency Name _____              | New Agency # _____               |
| Phone Number _____ - _____ - _____ | Fax Number _____ - _____ - _____ |

I hereby certify that the above-named Agent is to be named as the exclusive Agent of Record for my HealthPartners Group Plan(s) and is entitled to commissions in return for services rendered on my behalf with regard to my contract. This certification rescinds all previous appointments and the authority contained herein shall remain in force until cancelled in writing. I understand that if another Agent is currently servicing my account, my signature below replaces that Agent.

Name (Print) \_\_\_\_\_ Officer Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please send a copy of this completed and signed form to:*

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| <p align="center"><b>HealthPartners, Broker Administration</b><br/><b>Attn: Broker Administration</b><br/><b>HPBroker_Admin_AOR@HealthPartners.com</b><br/><b>Fax: 952-853-8704</b></p> |
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