



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.

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:

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