

AGENT/BROKER OF RECORD CHANGE

Date of Request: _____

Anthem Blue Cross and Blue Shield
 ATTENTION: VAA101-B000
 P O Box 27401
 Richmond, VA 23279
 Phone: (804) 354-3983
 Fax: (866) 701-4991

- Anthem Blue Cross and Blue Shield
- HealthKeepers, Inc.
- Peninsula Health Care, Inc.
- Priority Health Care, Inc.
- Anthem Life
- Anthem Dental
- Personal Health Care (Individual)
- Medicare Supplement

Group #(s): _____ Policyholder #: _____

Group/Individual Name and Address: _____

Grp/Ind Phone #: _____ Fax #: _____

Email Address: _____

Please be advised that we wish to name:

 (Agent Name, Anthem Agent ID#, Agency Name)

as our agent representative effective _____ for the lines of business shown above
 (Date)*

and currently in force. This form replaces any other authorization that may have been

previously completed on an insurance representative for the stated lines of business.

 (Group Decision Maker's or Member's Signature)

 (Date)

 (Print Name and Title of Group Decision Maker)

 (Company Name if applicable)

To be completed by new Agent:

As the new agent, I accept the assignment of the above named group/individual as their Agent of Record. I further certify that all the information shown above is correct and complete to the best of my knowledge.

 (Agent's Signature)

 (Agent's Anthem ID #)

 (Date)

*I also understand that commissions will not be payable until next first of the second month following receipt of the AOR form. It is also understood that this will be included in my book of business based on date of receipt. Individual business change is effective first of month following receipt of request.

GUIDELINES FOR AGENT OF RECORD CHANGES

- An Agent of Record Form or letter is needed to **change, add** or **delete** an agent.
- The Agent of Record change request should be submitted on the AOR form whenever possible. If this form is not available, a letter from the group on the **group's letterhead** which includes the **group name, group number, agent's name and agent's Anthem ID number** will be accepted. The form or letter must be **signed by an officer of the group** and letters must include all information that is requested on the form.
- If the Agent of Record letter represents a change for **life**, or **dental** as well as **health**, it must be checked on the form, or the changes may **not** be made.
- Agent of Record commission changes will become effective on the 1st of the month after 32 days of receipt in Broker Administration. Example: If an Agent of Record form or letter is received in Broker Administration on June 29, the commission would become effective for the new agent on August 1. Agent of Record forms or letters received in Broker Administration July 3; commission would become effective for the new agent September 1.
- The current agent will be notified of the requested change. The existing agent has **10 calendar days** to send a rescinding letter from the group to Broker Administration. If a rescinding letter is not received, the commission change will take place as previously indicated.
- Anthem Blue Cross and Blue Shield will recognize the new agent as accountable for the group once we receive an Agent of Record change form or letter.
- When an agent is deleted per a group's request, **the effective date of the deletion is the 1st of the month following receipt** of the letter in Broker Administration.
- Agent of Record changes are not accepted on direct sold cases.
- Questions regarding the Agent of Record changes should be directed to:

Anthem Blue Cross and Blue Shield
ATTN: Broker Administration, VAA101-B000
P. O. Box 27401
Richmond, VA 23279

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