

Medica Individual & Medicare Plans Agent of Record Assignment Form

The purpose of the Agent of Record Assignment form is to allow Group or Individual contract holders the option of selecting a new Agent if a situation arises where they cannot, in good faith, continue business relations with the original Agent. In such situations, please complete this form and mail or fax to the address below:

<p style="text-align: center;">Medica Agent Service Analyst - Mail Route: CP 320 PO Box 9310 Minneapolis, MN 55440-9310 Phone: (952) 992-2280 Fax: (952) 992-3636</p>
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This form is to be completed by the new Agent of Record, and signed by a company officer or individual subscriber. (In order for this change to be honored, all applicable information on this form **must** be completed)

Agent Name _____ Medica Agent ID# _____

Agent Agency _____

Agent Agency Address _____

City _____ State _____ Zip Code _____

Agent phone number _____ Agent fax number _____

Previous Agent (if applicable) _____

For Group Business

Group's 5-digit Medica number(s) _____

Group name _____

Group address _____

Group phone number _____

For Individual Business

Subscriber name _____ Medica 16-digit ID number _____

Address _____

"I hereby certify that the above-named Agent is to be named as Agent of Record for my Medica Individual/Medicare Supplement Plan and is entitled to commissions in return for services rendered on my behalf with regards to my contract. This certification replaces all other having an earlier signature date and should be made effective as soon as possible. I understand that if another Agent is currently servicing my account, my signature below REPLACES that Agent."

Name (Print) _____ Officer Title _____

Signature _____ Date _____

Reason for change in Agent _____

Note: All Medica Individual Plan and Medicare Supplement Plan Agent of Record changes will be honored the first of the month following the date this completed notification is received by the Center for Healthy Aging's Agent Service Analyst. Within 10 business days of receipt of this form, Medica will send written confirmation to the subscriber/employer, the new broker, and the previous broker.