



Agent Assignment Form-New Business Only

The purpose of the Agent Assignment Form is to give assignment credit where an Agent assisted in the enrollment and either the proper information was not entered correctly or the information was not transmitted correctly.

This form must be completed and **signed by the applicant/member**. All assignments are effective with the original effective date of coverage; however please review your commission statement (after effective date of contract) for assignment accuracy prior to submitting this form.

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| HealthPartners Member Name _____ | HealthPartners Member Number _____ <i>(Or note date of birth if member number is not known)</i> |
| Member Address _____ _____ | Phone Number _____ - _____ - _____ |

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|------------------------------|-------------------------------|
| HealthPartners Agent # _____ | HealthPartners Agency # _____ |
| Agent Name _____ | Agency Name _____ |
| Agent NPN # _____ | |

I hereby certify that the above-named Agent is to be named as the exclusive Agent for my HealthPartners Individual Plan and is entitled to commissions in return for services rendered on my behalf with regard to my contract. The authority contained herein shall remain in force until cancelled in writing.

Member / Applicant Name (Print) _____

Signature _____ Date _____

Agent Name (Print) _____

Signature _____ Date _____

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

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| <p>HealthPartners, Broker Administration Attn: Broker Administration HPBroker_Admin_AOR@HealthPartners.com Fax: 952-853-8704</p> |
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THIS IS NOT AN AGENT OF RECORD CHANGE FORM