

# Agent Change Request Form

For Medigap MAPD & PDP

**Member Name** \_\_\_\_\_

**Member ID** \_\_\_\_\_ (9-digit number on your member card)

Please change the agent representing my health coverage plan from\*:

**Current Agent Name** \_\_\_\_\_  
(please indicate "unknown" if applicable)

To

**New Agent Name/Number** \_\_\_\_\_  
(agent name, or "None" if applicable)

**Reason /Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Member Signature** \_\_\_\_\_  
(required)

**Member Name** \_\_\_\_\_  
(please print)

**Date** \_\_\_\_\_

Please send requests to:

ATTN: AGENT DESK M/S WW 2-22  
PO BOX 1271  
PORTLAND OR 97201

Email  
agentdesk@regence.com

Or FAX to 1-855-733-4613  
ATTN: Agent Change Request

\*Note:

1. All requests for changes to the agent of record must come from the health coverage contract holder.
2. The new agent must be appointed with the respective plan the member is on, and certified to represent the health coverage product you are on.