

2015 AOR FORM



AGENT OF RECORD CHANGE LETTER

Date ____/____/____

Dear Mr. Hess:

_____ hereby designates _____ as Agent of Record, effective January 2016,
Client Agent Name

with respect to Medicare advantage product(s) purchased from SelectHealth. In making this designation, it is required that you pay any and all commissions and/or fees payable from the aforementioned effective date forward to the Agent of Record. It is understood that the Agent of Record is the exclusive representative to act on behalf of the client to:

1. Solicit insurance proposals from you, and
2. Review proposals and make recommendations assisting us in achieving our goals.

I hereby represent to your firm that in issuing this Agent of Record Letter, the Agent of Record has not given, paid, provided or promised any benefit, inducement, or compensation in any form other than the services directly supporting your Medicare advantage product(s). Further, no representation has been made that the Agent of Record can offer a premium rate more favorable than is available through any other appointed agent for the same coverage, benefit, or program.

I understand that the terms and conditions of this appointment will be subject to SelectHealth's specific contractual requirements, as well as your normal agent appointment procedures.

Any questions about your coverage or proposed benefit changes, as well as any fees and commissions, should be directed to:

Agent Name _____ Agent Phone # (_____) _____

Agent Street Address _____

City _____ State _____ Zip _____

This Agent of Record shall remain in effect until revoked or replaced in writing.

Client Signature Date

Typed or Printed Name Member ID#

The Agent of Record shown above hereby accepts the designation set forth above and confirms the representation made herein.

Agent Signature Agent ID # M01 Date

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Additional Instructions:

1. To avoid confusion, all agent of record letters must include the typed or clearly printed name of the person signing the letter. Illegible or incomplete letters will not be processed.
2. All of the form fields are required.
3. Agents / Brokers must add their signature and the date in the spaces provided at the bottom of the letter.
4. The agent of record letter must have a signature from the client within 30 days prior to the submittal to SelectHealth.
5. SelectHealth will not accept Medicare Agent of Record letters outside of PRE-AEP / AEP (Oct 1st – Dec 7th).
6. SelectHealth will recognize only the first Agent of Record request in the designated timeframe.
7. SelectHealth reserves the right to refuse agent of record requests for any reason.

Agent of Record letters should be submitted to:

Medicare Sales Department

Attn: Brent Hess, Medicare Sales Manager

SelectHealth

P.O. Box 30192

Salt Lake City, UT 84130 – 0192

SHMedicareAdmin@selecthealth.org

FAX: 801-442-0761