

AGENT BUSINESS TRANSFERRAL FORM (ABTF)



The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future commissions payable after we have processed this form. You can only name a new Agent/Agency of Record for business that you are the current Agent of Record on.

SECTION 1 - AGENT INFORMATION

| | | |
|---|--|-------------------------|
| Agent Name (Please print) | SSN | Humana Agent Number/SAN |
| Business Address (Will only apply to the agent named above) | (Change? <input type="checkbox"/> Yes <input type="checkbox"/> No) | |
| Email | (Change? <input type="checkbox"/> Yes <input type="checkbox"/> No) | |

SECTION 2: Complete for each applicable type of business

| | |
|--|---|
| <p style="text-align: center;">MEDICARE</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p> | <p style="text-align: center;">INDIVIDUAL MAJOR MEDICAL, SHORT TERM MEDICAL, LIFE, TRADITIONAL PLUS DENTAL</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p> |
| <p style="text-align: center;">INDIVIDUAL FINANCIAL PROTECTION PRODUCTS</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p> | <p style="text-align: center;">STAND ALONE DENTAL & STAND ALONE VISION</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p> |
| <p style="text-align: center;">GROUP COMMERCIAL MEDICAL, DENTAL, VISION, LIFE, STD, LTD</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p> | <p style="text-align: center;">GROUP WORKPLACE VOLUNTARY BENEFITS</p> <p style="text-align: center;"><input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business</p> <p>PAY TO: Agent/Agency Name</p> <hr/> <p>SSN/TIN</p> <hr/> <p>Humana Agent Number/SAN</p> |

SECTION 3: SIGNATURE OF AGENT LISTED IN SECTION 1

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. As the current Agent of Record (AOR) I am requesting that the AOR be changed for the type of policies as indicated on this form. The party to receive commissions must have a valid Humana Group Producing Agent or Agency Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Group Producing Agent or Agency Contract. *State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record.* Once completed, please fax this form to Agency Management at (920) 339-2160 or email the completed form to agencymgmt@humana.com.

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|--------------------|------|
| Signature of Agent | Date |
|--------------------|------|