



Humana AOR Template Instructions

Purpose: The purpose for the template is to ensure the AOR request contains all the necessary information to process the request. Filling out the template allows Humana to receive the necessary information upon receipt without following up for additional information, allowing the AOR effective date change to be as early as possible.

Procedure: Please include all requested information to ensure Humana can process the request upon the initial receipt.

- The new AOR should fill out the Agent of Record (AOR) and Writing Agent (WA) information electronically. Please include all requested information to ensure Humana can process the request upon the initial receipt. It is especially important to complete the Humana Agent Number (HAN) information as the agent must share this with the group or policyholder. The HAN is necessary to identify which entity should own the business if an AOR has multiple locations.
- AOR sends the request via email to the authorized group contract/policyholder to fill out the group/policyholder information.
- The authorized group contact/policyholder must sign the form.
- If a group is requesting the agent change, this completed form must be printed on their company letterhead.
- The AOR sends the form to Humana's Agency Management for processing. The AOR can fax or Email the request using the contact information below:

Email- agencygmt@humana.com

Fax- (920) 339-2160

Agent of Record Change Template

This form must be printed on Company Letterhead for a group change

This form is a formal request to change the Agent of Record (AOR) for an employer group or individual policyholder with Humana coverage.

GROUP/POLICYHOLDER NAME: _____

Please provide all group number(s) tied to this group OR individual policyholder number

_____, _____, _____, _____, _____

AOR REQUESTED EFFECTIVE DATE: __/__/__

The effective date will be based on the premium paid through date or your requested effective date, whichever is later.

NEW REQUESTED AGENT OF RECORD INFORMATION (This will be the agent or agency, the new writing agent represents)

AGENT OF RECORD NAME: _____

AGENT OF RECORD PHONE NUMBER: _____

HUMANA AGENT NUMBER (HAN): _____

The HAN should be provided by the agent. This is a 7 digit number assigned by Humana.

NEW REQUESTED WRITING AGENT INFORMATION (This is the new agent servicing your group)

WRITING AGENT NAME: _____

WRITING AGENT PHONE NUMBER: _____

HUMANA AGENT NUMBER (HAN): _____

The HAN should be provided by the agent. This is a 7 digit number assigned by Humana.

This letter requests that Humana designate the above stated Agent of Record and/or Writing Agent , individual or agency, as the case may be, to have the authority to represent the group or policyholder listed above for all lines of coverage with Humana and all affiliations that are tied to the group or policyholder number(s) listed above. This form replaces any other authorization that may have been previously completed for purposes of Agent of Record designation. I certify that I am an authorized representative (Owner, Officer or Benefit Administrator) of this group or the individual policyholder, as the case may be, and that all information contained herein is complete and accurate to the best of my knowledge. I understand, due to circumstances beyond the control of Humana, that the requested effective date may be delayed thus resulting in delayed accrual of commissions to the new AOR.

NAME OF DULY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL POLICYHOLDER (Please Print)

AUTHORIZED REPRESENTATIVE OR POLICYHOLDER SIGNATURE

TITLE (If Applicable): _____ DATE: _____

Humana, in its sole discretion, reserves the right to make the final determination of approval or disapproval of this request.