

AGENT/BROKER OF RECORD CHANGE

Date of Request: _____

Group #(s): _____

Group Name and Address: _____

Email address: _____

This is to notify Optima Health that _____
(Employer Name) hereby appoints the following agent(s) as the Agent-of-Record:

Agent Name : _____

Agency Name & Vendor #: EMPLOYEE BENIFITS CORP OF AMERICA & #62288

Address: _____

Phone: _____

Email: _____

This notification replaces any other authorization that may have been previously completed for an Insurance Agent. The designation of our Agent-of-Record will remain in effect until we notify you to the contrary.

Group Decision Maker's Signature: _____

Print Name and Title of Group Authorized Contact: _____

Date: _____