

AGENT/BROKER OF RECORD CHANGE

Date of Request: _____

Group/Member #(s): _____

Group/Member Name and Address: _____

Email address: _____

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

Agent Name: _____

Agency Name & Vendor #: _____

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/Member's Signature: _____

Print Name and Title of Group Authorized Contact/Member: _____

Date: _____

****Please fill out and send to healthplans@optimahealth.com**

For Individual product send to: individualsales@optimahealth.com **