

## 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 BENEFITS 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: \_\_\_\_\_