

2024 Agent/Broker of Record Change Form

Date of request: Fax forms to: Group & Individual ACA: 1-866-701-4991 Individual Legacy: 1-800-336-2429	<input type="checkbox"/> Group <input type="checkbox"/> Life <input type="checkbox"/> Dental <input type="checkbox"/> Individual
Questions or AOR changes, call: Group: 1-877-304-6470 Individual ACA & Legacy: 1-800-225-3611 Medicare: 1-800-633-4368	

Group no(s): _____ Policyholder no(s): _____

Group/Individual name and address: _____

Group/Individual phone no.: _____ Fax no.: _____

Email address: _____

Please be advised that we/I wish to name:

Agent name: _____ Agency name: Employee Benefits Corporation of America

as our/my agent of record for the requested effective date of _____ for the lines of business shown above and currently in force. This form replaces any prior authorization for the stated lines of business.

(Group Decision Maker's or Member's signature) _____ (Date)

(Print Group Decision Maker's name and title) _____ (Company name if applicable)

To be completed by New Agent:

As the new agent, I accept the assignment of the above named group/individual as their Agent of Record. I further certify that all the information shown above is correct and complete to the best of my knowledge. I also understand that commissions will not be payable until the effective date of the Agent of Record change per established guidelines and that the group/individual will not be visible in my on-line book of business until the effective date of the change.

For ON Exchange business, it is the assuming Agent's responsibility to contact the Exchange in the applicable state to ensure the Agent is assigned as the Agent of Record in the Exchange's system.

This Agent of Record change request will be processed for ON Exchange business only if the assuming Agent has an active Exchange certification in the applicable state.

(Agent's signature and Agent ID no.) _____ (Date)

(Agent TIN) JDKHMSLKQY
(Agency TIN)