

## 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](mailto:healthplans@optimahealth.com)**

**For Individual product send to: [individualsales@optimahealth.com](mailto:individualsales@optimahealth.com) \*\***