

Broker of Record Form

Group Plans

*Submit one form per Group.

Group/Policy Information—to be completed by the Group Contact*	
Group name	Group #
Group address	Group phone #
Group contact email	
I would like to transfer assignment of my policy to this new insurance agent:*	
Agent name	NPN
Agency name	BOR effective date
Subscriber Authorization	
I hereby authorize AdventHealth Advantage Plans to change the Broker of Record (BOR) on my policy from my current agent to the new agent listed above. I understand the Broker of Record may receive copies of my quoting information, renewal rates and monthly billing information.	
Subscriber signature	Date
New Agent Acceptance	
I accept appointment as Broker of Record for the above named Group and agree to service this Group.	
New Broker signature	Date

Commercial Groups: For more information, call Customer Service toll-free at 1-877-535-8278(TTY/TDD relay: 1-800-955-8771) Monday through Friday from 8am to 6pm.

Note: If a completed BOR is received on or before the 10th of the month, the BOR change will take effect on the **first day of the following month after the requested effective date.** (For example: If a BOR is received May 10, the BOR will be processed and paid to the new Broker for June 1.)

If a completed BOR is received after the 10th of the month, the BOR change will take effect on the **first day of next month after the requested effective date.** (For example: If a BOR is received May 11, the BOR will be processed and paid to the new Broker for July 1.)

Email completed form to HFbroker@HF.org

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