

Humana Appointment Request

You will receive an email next week that will ask you to fill out the Humana appointment work online. You can either email this form to: Stacy@HealthGeneralAgent.com or Fax: 615-261-8017

Agent Name _____

Name must be exactly as it is on state license

Social Security Number _____

Address _____

Phone Number _____

Resident State _____

E-Mail Address _____

*the e-mail address can not change throughout contract process

Check us out on the web at www.TheGeneralAgent.com

AGENT BUSINESS TRANSFERRAL FORM

(transfer of business and commissions)

HUMANA
Guidance when you need it most

✗ Current agent of record: _____

✗ Social Security Number: _____

✗ Address: _____

✗ City: _____ State: _____ ZIP: _____

✗ Phone number: _____

The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future new business commissions. You can only name a new Agent/Agency of Record for business that you are the current agent of record on.

Business to be transferred to the new agent/agency of record:

Medicare policies

FROM: Agent name: _____
Social Security Number: _____

TO: Agent/agency name: _____ Phone number: _____
Social Security Number / Tax ID Number: _____
Address: _____ Existing Future

Individual policies

FROM: ✗ Agent name: _____
✗ Social Security Number: _____

TO: Agent/agency name: **Go Health** Phone number: **312-784-7018**
Social Security Number / Tax ID Number: **263235175**
Address: _____ Existing Future

Group policies

FROM: Agent name: _____
Social Security Number: _____

TO: Agent/agency name: _____ Phone number: _____
Social Security Number / Tax ID Number: _____
Address: _____ Existing Future

Current agent of record signature below:

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. The party to receive commissions must have a valid Humana Group Producing Agent or Agency Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Group Producing Agent or Agency Contract. State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record. **As the current Agent of Record (AOR), I am requesting that the AOR be changed for the type of policies as indicated on this form.**

✗ _____
(print name of current Agent of Record) (date)

✗ _____
(Signature of current Agent of Record) (Title)

Fax completed form to Agency Management at (920) 339-2160.