



Agent of Record Change Request Form For Blue Cross Blue Shield of GA Individual Health Plans



This form shall serve as a request by the Blue Cross Blue Shield of Georgia Individual Health Plan Policy member, indicated below, to change from the current agent to the new agent named below for the purpose of commissions payable on the policy and servicing duties to the policy holder.

Completed form (accompanied by signed "Authorization to Release PHI" Form) must be received by BCBSGA by the 15th of the month in order to be effective the first of the following month.

By completing and submitting this AOR Change Request Form, the policy holder understands that this agreement will terminate the commissions payable and the servicing duties of the original writing agent, and further, that the terminated agent will receive notification from BCBSGA of termination of his/her services as well as commissions payable on the policy holder's contract as of the effective date of this Agent of Record Change Request. The member's contract must be in force no less than 12 consecutive months, and AOR changes may only be made one time in a 12 month period.

The new agent agrees that he/she has been licensed with BCBSGA at least 12 consecutive months and has had at least 50 new Individual BCBSGA contracts approved in the prior calendar year. Further, this agent agrees that AOR contracts are paid at 5% commission, and contracts received via AOR change do not apply to BCBSGA agent sales production or bonus incentives.

Policy Holder completes the following:

Policy Holder Name: _____

Policy Holder SSN or Policy Number: _____

Policy Original Effective Date: _____

New Agent Name: _____ BCBSGA Rep# _____

Reason for Termination of in-force agent: _____

Signature of Policy holder: _____ Date: _____

Signature of New Agent: _____ Date: _____

Agent Email Address: _____ Phone#: _____

Fax completed form with PHI form to: **Blue Cross Blue Shield of Georgia
Consumer Services
404-682-3233**

(Internal Use Only below this line)



Agent of Record Policy for Individual Plans

Effective November 1st, 2004



Our goal is to partner with you to conserve your clients who have coverage with BCBSGA. We hope that should a BCBSGA member become dissatisfied with their current agent, the search for a new one results in a more attentive, well educated, caring BCBSGA agent. We prefer your client to never have need to seek out a new agent at all.

Agent Requirements:

1. Agent must be licensed and active with BCBSGA for at least 12 months.
2. Agent must have at least 50 new BCBSGA individual under age 65 contracts approved in the prior calendar year.

You will be notified by separate email if you qualify to submit Agent of Record Request for the remainder of 2004. After 2004, you will be notified at the beginning of each calendar year if you qualify.

Please do not submit an Agent of Record Change request if you do not meet the requirements above.

Guidelines:

1. The request must be from the customer on our BCBSGA Agent of Record Change Request Form. No other letter or form will be accepted.
2. The BCBSGA Agent of Record Change Request form must be accompanied by the "Authorization to Release PHI" form indicating the new agent's name and signed by the client.
3. Member's Contract must be in place for 12 months prior to Agent of Record Change Request.
4. Completed forms must be received by BCBSGA by the 15th of the month in order to be effective the 1st of the following month.
5. Retroactive commission adjustments will not be allowed.
6. Commissions will be paid at 5% for all approved Agent of Record Changes. These contracts will not count as new sales, and are excluded from all incentive bonus plans.
7. Only one Agent of Record Change is permitted per year on each policy.

List Bill request will be treated as a group plan in regard to Agent of Record policy. They will be approved with employer and agent signature.

We will allow an agent to turn over his business to another agent upon written request from the current agent.

Communication:

If you submit an Agent of Record Change to BCBSGA that does not meet the above guidelines, you will be notified.

Notice of Agent of Record Change will be sent to original agent. The new agent will not be named in this notice.

The agent should fax the completed Agent of Record Change Request form along with the with Authorization to Release PHI form to: BCBSGA

Consumer Services
404-682-3233