

AGENT BUSINESS TRANSFERRAL FORM
 (Transferal of Business and Commissions)



(Current Agent of Record)	
(Social Security Number)	
(Address)	(Telephone #)

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 _____
	SSN _____
TO:	Agent/Agency Name _____ / _____ (Telephone)
	SSN/TIN _____ / _____ (Address)
	<input type="checkbox"/> Existing <input type="checkbox"/> Future

INDIVIDUAL POLICIES	
FROM:	Agent Name _____
	SSN _____
TO:	Agent/Agency Name _____ / _____ (Telephone)
	SSN/TIN _____ / _____ (Address)
	<input type="checkbox"/> Existing <input type="checkbox"/> Future

GROUP POLICIES	
FROM:	Agent Name _____
	SSN _____
TO:	Agent/Agency Name _____ / _____ (Telephone)
	SSN/TIN _____ / _____ (Address)
	<input type="checkbox"/> Existing <input type="checkbox"/> 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.

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.

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.*

Once completed, please fax this form to Agency Management at (920) 339-2160.

(Print Name of current Agent of Record)	(Date)
(Signature of current Agent of Record)	(Title)