



Agent-of-Record Authorization for Employee Health Benefits

To Be Completed By Consumer:

With respect to our company's employee benefits, I am requesting the following action:

(Check one box)

Recognize this form as a provisional Agent-of-Record Authorization only for the purpose of obtaining employee health benefits proposals or assisting our company with its employee health benefit needs. I am not replacing my current Agent-of-Record at this time.

Appoint an Agent-of-Record (*no previous Agent-of-Record*) to represent my company with respect to employee health benefits.

Replace our company's current Agent-of-Record. (*Note to Consumer: Please read and indicate your understanding of the statements on page 2 of this form before signing.*)

This Agent-of-Record Authorization shall apply to the following:

Carrier(s) or Administrator(s): _____

Current Agent Name, if any: _____

New/Replacing Agent's Name: _____

New/Replacing Agent's GA License Number: _____

New/Replacing Agent's Phone: _____

Group Name (Policyholder): _____

Group Policy Number, if any: _____

Requested Date of Agent Appointment or Change: _____

I affirm that I have the authority to act on behalf of my employer group to execute this Authorization. Further, I understand this form represents a request related to the above Agent-of-Record and any action related to this request is subject to guidelines as set forth by the Carrier/Administrator for which this request has been executed.

Signature and Title of Policyholder

Today's Date

Agent-of-Record Replacement Notice

If you are replacing your current Agent-of-Record, please read the following statement and sign below.

I, the undersigned, have considered the following regarding this Authorization to change my current Agent-of-Record.

- My current employee health benefits agent-of-record will no longer represent my company in matters related to the insurance carrier or administrator for which this authorization is being executed;
- My current employee health benefits agent-of-record will no longer receive monetary compensation for work they may perform on behalf of my company and its employees;
- I understand that independent insurance agents generally are appointed to represent a variety of employee benefit carriers and if appointed by a carrier, these independent agents will generally have access to the same premium rates for products being offered to my specific company and as part of my review process, I should check with my current and prospective agent to ensure I am receiving the choices I desire;
- I understand that the specific services, outside of a contract of insurance, that are provided by independent insurance agents varies from agent to agent and that I should make a careful assessment of those services prior to any change in my agent-of-record;
- I understand that independent insurance agents can obtain employee benefit proposals from most carriers/administrators on my behalf without obtaining an agent-of-record authorization; however, in those circumstances where a carrier or administrator require an agent-of-record letter in order to issue a proposal, I may give an agent provisional authority to obtain proposals by checking the appropriate box on side 1 of this form.

I understand the above statements and hereby give this Authorization to replace my current Agent-of-Record with the Replacing Agent designated on side 1 of this form.

Authorized Signature and Title of Policyholder

Today's Date