

GROUP AGENT OF RECORD (AOR) CHANGE FORM

(Please print clearly.)

TO BE COMPLETED BY AGENCY OR AGENT:

Any change of an Agent of Record (AOR) designation must be accepted by Florida Blue in order to be binding.

The Group AOR Change Form must be accompanied by a Cover Letter on Company/Group Letterhead containing Company/Group address.

Florida Blue will make AOR change requests received for Group Products effective by receipt of a completed AOR form. The AOR change effective date will be the next cycle date (1st or 15th depending on renewal date) following the date the request is received. Commissions paid in advance of the AOR change will not be recaptured from the prior agency or agent. No change will be permitted on a retroactive basis.

AGENCY NAME	AGENT LICENSE #
AGENT NAME	AGENT AOR#
PHONE #	DATE
AGENT SIGNATURE	

TO BE COMPLETED BY THE GROUP:

The Group hereby confirms that the above-named Agent is to be named as its AOR and shall be entitled to all Commissions in return for services rendered. This designation **replaces** any other AOR designation previously made. The Group hereby authorizes Florida Blue to release any and all necessary information to the above-named Agency or Agent in order to complete the AOR change requested.

(GROUP DECISION MAKER AND TITLE) (Officer of the Group i.e., Owner, VP, CFO, etc.)

(The Group should verify the Decision Maker on file is current by checking with their EM&B Representative/ Clerk)

NAME OF GROUP	PHONE #
GROUP NUMBER(S)	
NAME AND TITLE OF PERSON SIGNING	
AUTHORIZED SIGNATURE	DATE

Return completed form to:

ChannelPartnerDataManager@bcbsfl.com



COMPANY NAME

YOUR SAMPLE TEXT HERE

123 Sample Street
Jacksonville, FL. 32246

INCLUDE COVER LETTER ON COMPANY/GROUP LETTERHEAD HERE