



Agent of Record Request Form

Date:

Subscriber ID#: _____

To Whom It May Concern,

I, _____, request to have _____
Print Subscriber Name Print Agent/Agency Name
appointed as my exclusive insurance broker with respect to all my health insurance needs,
effective _____.

This appointment supersedes and revokes all previous appointments and is to continue until
rescinded in writing.

Subscriber Signature

Print Subscriber Name

Date