



## Agent of Record Form

### Enrollee Information

Group Name \_\_\_\_\_

Group Number: \_\_\_\_\_

OR

Member Name \_\_\_\_\_

Member Number (if available): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please appoint \_\_\_\_\_ as my agent of record effective \_\_\_\_\_ (date). I understand that the named agent will represent my group or individual coverage through MHC, and that this agent will receive commissions on that coverage. If I have a current agent of record, I wish this agent to be appointed as a replacement.

Group Contact/Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### Agent Information

I accept the assignment of the above group or person, as his or her agent of record. By signing below I agree that the information on this form is complete and accurate.

Name: \_\_\_\_\_ Insurance License #: \_\_\_\_\_ NPN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_