



2000 Corporate Center Dr.
Newbury Park, CA 91320

Name:

Address:

Member ID #:

Current Plan Name:

Date:

I consent to Blue Cross and Blue Shield of Georgia to change the current Agent of Record that is associated with my Medicare policy to the agent listed below. This form can apply to the original agent or be used to select a new agent. In either instance, this completed document will transfer all commissions associated with my plan to the new agent of record.

NEW AGENT OF RECORD INFORMATION:

_____ (Agent Name, Agent Phone #, BCBSGa Agent ID #)

I understand that this new agent will replace my current agent and he/she will receive commissions going forward.

Signature of Member: _____ Date: _____

Signature of New Agent: _____ Date: _____

An Agent of Record change is available to all members. This form can be completed by either member or agent but should be signed by both. For questions, please call Customer Service at 877-814-1397 (TTY/TDD 711). Brokers, please call Broker Services at 800-633-4368 for more information. Please note that the Agent of Record change will be processed and is effective the first of the following month after BCBSGa receives this form. Mail completed form to: Blue Cross and Blue Shield of Georgia, Medicare Programs Sales Support - CANP02-C000, 2000 Corporate Center Dr, Newbury Park, CA 91320.

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