

Anthem Blue Cross Agent of Record (AOR) Change Form



Primary subscriber information

Primary subscriber last name	First name	M.I.	Subscriber ID no.
Mailing street address	City	State	ZIP code
Phone no.	Email address		
<p>I instruct Anthem Blue Cross to change the current Agent of Record that is associated with my policy to the agent listed below. By completing this document, I agree to the assignment of the new Agent of Record as my formal representative with Anthem Blue Cross and I understand that the transfer of all commissions associated with my plan on a going forward basis will begin on the effective date of the Agent of Record change.</p> <p>This designation shall remain in effect until expressly terminated by the subscriber in writing.</p>			
Primary subscriber signature <i>X</i>			Date (MM/DD/YYYY)

New Agent of Record information

Agent last name <i>COHEN</i>	First name <i>JAY</i>	Agent encrypted Tax ID No. (TIN) <i>LHKLP HJMWZ</i>	Agent Exchange ID (NPN) <i>3248953</i>
Agent state license no. <i>0C83812</i>	Agent phone no. <i>8315211089</i>	Agent email address <i>info@EVERYONESCOVERED.com</i>	
Agency name (optional) <i>JAY Cohen Insurance Services</i>		Agency encrypted Tax ID No. (TIN) <i>LHKLP HJMWZ</i>	
New agent signature <i>X</i> <i>Jay B Cohen</i>			Date (MM/DD/YYYY) <i>5/25/2015</i>

All Agent of Record changes are processed based on current change guidelines. This form can be completed by either subscriber or agent but must be signed by both the agent and the subscriber. Once Agent of Record changes are processed, they will be effective the first of the month following Anthem Blue Cross' approval of this form.

Mail or scan completed form to:

Anthem Blue Cross
Email: agent.support@wellpoint.com
Fax: 1-877-255-4015

*please email it or fax it back to me as well...
my fax # is 831 855 1515*

Additional forms may be required to complete this transaction. Please refer to state guidelines for Agent of Record changes California only specific forms (example: release)