

2017 AOR FORM



RE: AGENT OF RECORD CHANGE LETTER - Please fax to: 801-442-0761

Date: ____/____/2017

Dear Mr. Hess:

_____ hereby designates _____ as Agent of Record, effective Jan 2018,
Member Name (Print) Agent Name (Print)

with respect to Medicare product(s) purchased from SelectHealth. In making this designation, it is required that you (Select Health) pay any and all commissions and/or fees payable from the aforementioned effective date forward to the Agent of Record. It is understood that the Agent of Record is the exclusive representative to act on behalf of the client to:

1. Solicit insurance proposals from you, and
2. Review proposals and make recommendations assisting us in achieving our goals.

I hereby represent to your firm that in issuing this Agent of Record Letter, the Agent of Record has not given, paid, provided or promised any benefit, inducement, or compensation in any form other than the services directly supporting your Medicare advantage product(s). Further, no representation has been made that the Agent of Record can offer a premium rate more favorable than is available through any other appointed agent for the same coverage, benefit, or program.

I understand that the terms and conditions of this appointment will be subject to Select Health's specific contractual requirements, as well as your normal agent appointment procedures.

Any questions about your coverage or proposed benefit changes, as well as any fees and commissions, should be directed to the agent.

This Agent of Record shall remain in effect until revoked or replaced in writing.

Client Signature Date

Typed or Printed Name Member ID#

The Agent of Record shown above hereby accepts the designation set forth above and confirms the representation made herein.

Agent Signature Agent ID # M01 Date / / 2017

Agent Instructions:

1. All information must be typed or clearly printed name of the person signing the letter.
2. All of the fields are required.
3. Select Health will only accept Medicare Agent of Record letters during AEP (Oct 1st – Dec 7th).
4. Select Health will recognize the first Agent of Record request in the designated timeframe.
5. Select Health reserves the right to refuse agent of record requests.
6. Please fax to: 801-442-0761