

MEDICARE AGENT OF RECORD LETTER

Date: _____

Janica Blackhurst
SelectHealth
P. O. Box 30192
Salt Lake City, UT 84130-0192

Dear Ms. Blackhurst:

_____ hereby designates _____
Member Name (Print) Agent Name (Print)

as Agent of Record effective January 1, 2019, with respect to Medicare product(s) purchased from SelectHealth.

In making this designation, I authorize my Agent of Record to access information about my insurance products and represent me to facilitate the ongoing service of my products.

I understand that adding or changing the Agent of Record does not change the premium of my product(s) and is included as part of my policy at no additional cost.

It is required that SelectHealth pay any and all commissions and/or fees payable from the effective date forward to the Agent of Record.

This Agent of Record Letter rescinds any prior appointments of agent/agency with respect to this coverage and shall remain in effect until revoked or replaced in writing.

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

I understand that SelectHealth may contact me to validate the authenticity of this letter.

Client Signature Member ID# Date

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

Agent Signature Agent ID# Date

Agent Instructions:

1. All information must be typed or clearly printed. Illegible or incomplete letters will not be processed. All fields are required.
2. SelectHealth will only accept Medicare Agent of Record letters during AEP (October 1 to December 7).
3. SelectHealth will recognize the first Agent of Record request in the designated timeframe.
4. SelectHealth reserves the right to refuse agent of record requests.
5. Please email to Agent.Relations@selecthealth.org or fax to 801-442-0789.