



MEDICARE ADVANTAGE PLANS  
 True Blue<sup>®</sup> HMO Secure Blue<sup>™</sup> PPO  
 3000 E. Pine Avenue | Meridian, Idaho | 83642-5996  
 P.O. Box 8406 | Boise, Idaho | 83707-2406  
 888-494-2583 | WWW.BCIDAHO.COM/MEDICARE

Blue Cross of Idaho Medicare Advantage Agent of Record Change

Enrollee Number: \_\_\_\_\_

Enrollee Name: \_\_\_\_\_

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

Reason for Change: \_\_\_\_\_

Please be advised that I wish to appoint: \_\_\_\_\_ (agent name) as my Medicare Advantage Agent of Record. This form places a new Medicare Advantage Independent Producer, in the role of liaison, representing your individual health policy to your healthcare coverage provider. It transfers commissions to the newly appointed Medicare Advantage Agent of Record and it removes:

\_\_\_\_\_ (current agent) as your agent of record.

Enrollee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Enrollee's Printed Name \_\_\_\_\_

***To be completed by new Medicare Advantage Agent of Record***

As the new Medicare Advantage Agent of Record, I accept the assignment of the above named individual as their Medicare Advantage Agent of Record. I further certify that all the information shown above is correct and complete to the best of my knowledge. I also understand that commissions will be payable the first of the month following receipt of the Medicare Advantage Agent of Record form. If an "Initial" payment has been made, or is in the 90 day waiting period to be made, the renewal commission for this AOR change will begin in January of the upcoming year at the renewal rate.

Agent's Signature \_\_\_\_\_ Independent Producer ID# \_\_\_\_\_ Date \_\_\_\_\_

Agent's Address \_\_\_\_\_ Date \_\_\_\_\_

Jeanie Phillips, Vice President of Medicare & Medicaid Programs \_\_\_\_\_ Approved AOR Change

Original effective date: \_\_\_\_\_ Initial  Renewal

An Independent Licensee of the Blue Cross and Blue Shield Association

