

AOR TRANSFER REQUEST – GROUP POLICY

[Form AOR-1]

Date: \_\_\_\_\_

Complete, Sign and Submit this Form To:

Channel Management  
Wellmark Blue Cross and Blue Shield of Iowa  
636 Grand Avenue Station 401  
Des Moines, IA 50309-2565

We request that our designated writing Agent and Agency Agent of Record for all of the health, dental, prescription drug, group life insurance and all other insurance products we obtain from or through Wellmark be changed:

From Our Current Agent/ Agency AOR:

Writing Agent Name:

Agency Name

Agency Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Our Desired New Agent / Agency AOR:

Writing Agent Name:

Agency Name

Agency Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request will remain in effect unless and until we rescind it in writing before you have acted on it.

We understand that the designation of the writing Agent and Agency Agent of Record for our Wellmark group health insurance policy may be determined and changed by Wellmark in its sole and absolute discretion. We also understand that Wellmark may contact us and others by phone, email or other means to verify this AOR Transfer Request and to perform other due diligence with respect to this request.

If you accept our request, we understand that all future inquiries concerning our employee benefits with Wellmark will be directed to the "New Agent / Agency AOR" set forth above.

Dated as of:

Company Name:

Company's Wellmark Group Policy No.:

Company's Desired Change Effective Date:

Signature of Company's Authorized Signer:

Print Name:

Print Title

Print Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESCISSION OF AOR TRANSFER REQUEST

We hereby rescind the AOR Transfer Request set forth above. We have re-considered our AOR Transfer Request and want to retain our current Agent and Agency Agent of Record.

Dated as of: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature of Company's Authorized Signer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title \_\_\_\_\_

Print Phone Number: \_\_\_\_\_

*[Form AOR-1 - page 2]*