

AOR TRANSFER REQUEST – INDIVIDUAL POLICY

[Form AOR-2]

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

I request that my designated writing Agent and Agency Agent of Record for all of the health, dental, prescription drug, life insurance and all other insurance products I 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 I rescind it in writing before you have acted on it.

I understand that Wellmark will only consider granting my request for certain conditions and/or reasons. The conditions and/or reason on which my AOR Transfer Request are based are the following:

Insert your supporting conditions / reasons here or refer to an attachment that sets forth the conditions/reasons applicable to your request:

I understand that the designation of the writing Agent and Agency Agent of Record for my Wellmark individual health insurance policy may be determined and changed by Wellmark in its sole and absolute discretion.

If you accept my request, I understand that all future inquiries concerning my Wellmark individual health insurance policy will be directed to the "New Agent / Agency AOR" set forth above. I also understand that Wellmark may contact me 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.

Dated as of: _____

Wellmark Individual Policy No.: _____

Desired Change Effective Date: _____

Signature: _____

Print Name: _____

Phone Number: _____

RESCISSION OF AOR TRANSFER REQUEST

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

Dated as of: _____

Signature: _____

Print Name: _____

Phone Number: _____

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