

AOR TRANSFER REQUEST – NEW OWNER

[Form AOR-3]

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 have acquired or merged with the following company and have assumed the following Wellmark group health insurance policy:

Acquired Company Name _____
Acquired Company Address _____

Acquired Company's Tax I.D. Number: _____

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

From the Old Company's 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 insurance policies 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: _____
Acquiring Company's Name: _____
Acquiring Company's Tax I.D. Number: _____
Desired Change Effective Date: _____
Acquiring Company's Authorized Signer: _____
Print Name: _____
Print Title _____
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 the old acquired company's Agent and Agency Agent of Record set forth above.

Dated as of: _____
Company Name: _____
Signature of Authorized Representative: _____
Print Name: _____
Print Title _____

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