Writing Agent Change Form

- This form is to be completed by the agent or agency of record to update the writing agent.

1. **Current Agent/Agency name and Humana Number (SAN)**

_____ _____
Agent of Record Name (Please print) SAN

_____ _____
Writing Agent Name (Please print) SAN

2. **New Writing Agent name and Humana Number (SAN)**

_____ _____
Writing Agent Name (Please print) SAN

3. **Please check the boxes as per the request:**

[ ] Unaffiliate the Writing Agent from the Agent of Record (This will remove all relationship ties between both parties and update all business)

[ ] All Business

[ ] Partial Business (***attach list of policies)***

4. **Submit completed form**
Medicare only MedComm@humana.com or **Fax** 920-339-6556

All other agencymgt@humana.com or **Fax** 920-339-2160

_____ _____
Signature of Current Agent of Record **Title/Designation**

_____ _____
Please Print Name **Date**

If you have any questions or concerns, please contact Agency Management at (855) 330-8128