



Agent of Record Change Form

Use this form to request reassignment of your Individual Medicare business to another ready to sell agent. Be sure to follow all instruction provided on Producer World.

Return the completed form to: brokersupport@aetna.com
Questions? Contact Aetna Medicare Broker Support at 1-866-714-9301

CURRENT AGENT OF RECORD

NEW AGENT OF RECORD

Name: _____
NPN: _____
Phone: _____
Email: _____
Signature: _____
Date: _____

Name: _____
NPN: _____
Phone: _____
Email: _____
Signature: _____
Date: _____

SilverScript ID, if applicable: _____ SilverScript ID, if applicable: _____

Will downline be moving to the new agent of record? (Circle one) Yes No N/A

REASON FOR REASSIGNMENT OF BUSINESS

- I no longer market Individual Medicare products (no longer hold a valid license)
- I am selling my book of business
- Other: _____

ATTESTATION BY THE CURRENT AGENT OF RECORD

I attest that I have sent a notification letter to all members affected by this change and all members are included on the AOR Membership List as part of my AOR change request.

Date member letters were sent: _____

FOR INTERNAL USE ONLY

Date request received: _____

Date change effective: _____