

Appendix

Delegated Agent Business Transferal Form (ABTF)

The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future commissions payable after we have processed this form. You can only name a new Agent/Agency of Record for business that you are the current Agent of Record on. When you assign your standard commissions to a Managing General Agent directly or reassign them back to yourself, you will be subject to a 180-day waiting period before this becomes effective.

Section 1- Agent Information

Delegated Agent Name (Please print)	Humana Agent Number/SAN
New Business Address (Will only apply to the agent named above)	
New Email	

Section 2- Complete for each applicable type of business

MEDICARE (Valid Medicare amendment required) <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	STAND ALONE DENTAL & STAND ALONE VISION <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business
PAY TO: Agent/Agency Name	PAY TO: Agent/Agency Name
PAY TO: Humana Agent/Agency Number (SAN)	PAY TO: Humana Agent/Agency Number (SAN)
GROUP COMMERCIAL MEDICAL, DENTAL, VISION, LIFE, STD, LTD <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	GROUP WORKPLACE VOLUNTARY BENEFITS <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business
PAY TO: Agent/Agency Name	PAY TO: Agent/Agency Name
PAY TO: Humana Agent/Agency Number (SAN)	PAY TO: Humana Agent/Agency Number (SAN)
INDIVIDUAL LIFE & DENTAL <input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	
PAY TO: Agent/Agency Name	
PAY TO: Humana Agent/Agency Number (SAN)	

Section 3- Signature of Delegated Agent Listed in Section 1

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. As the current Agent of Record (AOR) I am requesting that the AOR be changed for the type of policies as indicated on this form. The party to receive commissions must have a valid Producer Contract on file and be properly licensed and appointed by Humana to receive commissions. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Producer Contract. *State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record. Assignment of payment is not valid until Humana approves.* Once completed, email the form to agencymgt@humana.com.

Signature of Delegated Agent	Date
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