



Writing Agent Change Form

1. Agent/Agency's Name and HAN/SAN (Humana Agent Number)
{Agent of Record}

Agent of Record Name

Agent of Record Agent Number

2. Current Writing Agent's Name and HAN/SAN (Humana Agent Number)
{From: Writing Agent}

Current Writing Agent Name

Current Writing Agent Number

3. New Writing Agent's Name and HAN/SAN (Humana Agent Number)
{To: Writing Agent}

New Writing Agent Name

New Writing Agent Number

4. Please check the box requested:

- Update All Business to the New Writing Agent
 Update All Business and Unaffiliate the Writing Agent From the Agent of Record (This will remove all relationship ties between both parties)
 Update Partial Business (Please attach the list of policies separately)

5. Upon completion of this form, please return to:
Humana Insurance Company
Attn: Agency Management

***Commerical Writing Agent Change Request:** Agencymgt@humana.com (preferred method)
-Use e-mail subject line: **Com WA Change** to expedite the processing

***Medicare Writing Agent Change Request:** MedComm@humana.com (preferred method)
-Use e-mail subject line: **WA Chg-Delegated** to expedite the processing

You can also fax this template at Fax: (920) 339-2160

Agent of Record Signature (Owner/Officer)

Title/Designation

Please Print Name

Date

If you have any questions or concerns, please contact Agency Management at (855) 330-8128/Fax-(920)339-2160