

AGENT/BROKER OF RECORD CHANGE

Date of Request: _____

Group/Member #(s): _____

Group/Member Name and Address: _____

Email Address: _____

This is to notify Sentara Health Plans that (Employer/Member name) hereby appoints the following agent(s) as the Agent-of-Record:

Agent Name: _____

Agency Name & Vendor #: _____

Address: _____

Phone: _____

Email Address: _____

This notification replaces any other authorization that may have been previously completed for an Insurance Agent. The designation of our Agent-of-Record will remain in effect until we notify you to the contrary.

Group Decision Maker's/Member's Signature: _____

Print Name and Title of Group Decision Maker/Member: _____

Date: _____

For employer groups, send to healthplans@sentara.com

For Individual product, send to individualsales@sentara.com