



**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: \_\_\_\_\_

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 Authorized Contact/Member: \_\_\_\_\_

Date: \_\_\_\_\_

For group send to [healthplans@sentara.com](mailto:healthplans@sentara.com)

For Individual product send to: [individualsales@sentara.com](mailto:individualsales@sentara.com)