



AOR TRANSFER REQUEST - INDIVIDUAL POLICY [Form AOR-2]

Date: ____/____/____

Complete, Sign and Submit this Form To:

Channel Management
Wellmark Blue Cross and Blue Shield of Iowa
PO Box 9232 Station 3W491
Des Moines, IA 50306-9232
Fax: (515) 376-9086

Or Email to:

ChannelManagement@wellmark.com

From Our Current Agent / Agency AOR:

Writing Agent Name: _____
Agency Name: _____
Agency Address: _____

To Our Desired New Agent / Agency AOR:

Writing Agent Name: _____
Agency Name: _____
Agency Address: _____

I understand that Wellmark will consider granting my request for certain conditions and/or reasons. The conditions and/or reasons for my AOR Transfer Request are the following: (Check all boxes that apply or add comments with additional information/reasons.)

Agent Retirement/Death/Termination Service Issues Agent or customer moved
Customer wants direct Wellmark relationship Customer wants to work with another agent
Conflict with current agent Comments _____

I understand that the designation of the writing Agent and Agency Agent of Record for my Wellmark individual health insurance policy may be determined and changed by Wellmark in its sole and absolute discretion.

If you accept my request, I understand that all future inquiries concerning my Wellmark individual health insurance policy will be directed to the "New Agent / Agency AOR" set forth above. I also understand that Wellmark may contact me and others by phone, email or other means to verify this AOR Transfer Request and to perform other due diligence with respect to this request. This request will remain in effect unless and until I rescind it in writing.

Dated as of: _____/_____/_____
Wellmark Individual Policy Number: _____
MedicareBlue Rx (Prescription Drug Plan - PDP) Number: _____
Wellmark Advantage Health Plan (Medicare Advantage) Number: _____
Signature: _____
Print Name: _____
Phone Number: (_____)_____

RESCISSION OF AOR TRANSFER REQUEST

I hereby rescind the AOR Transfer Request set forth above. I have re-considered my AOR Transfer Request and want to retain my current Agent and Agency Agent of Record.

Dated as of: _____/_____/_____
Signature: _____
Print Name: _____
Phone Number: (_____)_____