

# Anthem Blue Cross and Blue Shield Agent of Record (AOR) Change Form



## Primary subscriber information

Primary subscriber last name	First name	M.I.	Subscriber ID no.
Mailing street address	City	State	ZIP code
Phone no.	Email address		

I instruct Anthem Blue Cross and Blue Shield (Anthem) to change the current Agent of Record that is associated with my policy to the agent listed below. By completing this document, I agree to the assignment of the new Agent of Record as my formal representative with Anthem and I understand that the transfer of all commissions associated with my plan on a going forward basis will begin on the effective date of the Agent of Record change.

This designation shall remain in effect until expressly terminated by the subscriber in writing.

Primary subscriber signature <b>X</b>	Date (MM/DD/YYYY)
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## New Agent of Record information

Agent last name	First name	Agent encrypted Tax ID No. (TIN)	Agent Exchange ID (NPN)
Agent state license no.	Agent phone no.	Agent email address	
Agency name (optional)		Agency encrypted Tax ID No. (TIN)	
New agent signature <b>X</b>			Date (MM/DD/YYYY)

Please note that Agent of Record changes must be submitted on the writing agent level and not on an agency level. An Agent of Record change is available to all subscribers. However, all Agent of Record changes are processed based on current change guidelines. This form can be completed by either subscriber or agent but must be signed by both the agent and the subscriber. Once Agent of Record changes are processed, they will be effective the first of the month following Anthem's approval of this form.

Mail or scan completed form to:

Anthem Blue Cross and Blue Shield  
Email: [agency.services@anthem.com](mailto:agency.services@anthem.com)  
Fax: 800-850-9888