

Tax ID Change Form

- This form is to be completed if the agency has a change in their tax identification number or is part of a purchase agreement with another agency.

1. Current Agency name and Tax Identification Number

Agency Name (Please print)

Agency Tax ID#

2. New Agency name and Tax Identification Number

Agency Name (Please print)

Agency Tax ID#

3. Is the new agency contracted with Humana?

☐ Yes - continue to step 4.

☐ No - please provide the following information to initiate the Humana contracting process.

Agency Name _____

E-mail _____

4. Is this a full block of business transfer or partial block of business transfer?

☐ Full block of business - All agents, commissions, correspondence, and policies will be transferred to the new agency.

☐ Partial block of business - include a list detailing which agents and policies should be transferred to the new agency.

5. Should the current agency's Humana contract be terminated?

☐ Yes

☐ No

6. Submit this completed form

agencymgmt@humana.com (Use E-mail Subject line: **TAX ID Change**) or Fax 920-339-2160

Signature of Current Agency/Owner

Title/Designation

Please Print Name

Date

If you have any questions or concerns, please contact Agency Management at (855) 330-8128