

## Writing Agent Change Form

- This form is to be completed by the agent or agency of record to update the writing agent.

### 1. Current Agent/Agency name and Humana Number (SAN)

\_\_\_\_\_  
Agent of Record Name (Please print)

\_\_\_\_\_  
SAN

\_\_\_\_\_  
Writing Agent Name (Please print)

\_\_\_\_\_  
SAN

### 2. New Writing Agent name and Humana Number (SAN)

\_\_\_\_\_  
Writing Agent Name (Please print)

\_\_\_\_\_  
SAN

### 3. Please check the boxes as per the request:

☐ Unaffiliate the Writing Agent from the Agent of Record (This will remove all relationship ties between both parties and update all business)

☐ All Business

☐ Partial Business (*attach list of policies*)

### 4. Submit completed form

Medicare only [MedComm@humana.com](mailto:MedComm@humana.com) or Fax 920-339-6556

All other [agencygmt@humana.com](mailto:agencygmt@humana.com) or Fax 920-339-2160

\_\_\_\_\_  
Signature of Current Agent of Record

\_\_\_\_\_  
Title/Designation

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

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