

Business Release Form

- This form is to be completed by the agent or agency of record to move business and commissions to another agent or agency of record.
- If this relates to a company purchase agreement, please request the TAX ID change form.

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

Agent of Record Name (Please print)

SAN

Writing Agent Name (Please print)

SAN

2. New Agent/Agency name and Humana Number (SAN)

Agent of Record Name (Please print)

SAN

Writing Agent Name (Please print)

SAN

If this is a commission split (Commercial Group Business only) – please attach separately with the percentages.

3. Please check the boxes as per the request:

☐ All Business

☐ Partial Business *(attach list of policies)*

4. Submit completed form

Medicare only MedComm@humana.com or Fax 920-339-6556

All other agencymgt@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