

Broker of Record Form

For Medicare Advantage Plans

| Subscriber/Policy Information—to be completed by the Subscriber (policy holder) | |
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| Subscriber name | Contract ID (policy) number or HICN number |
| Subscriber phone # | Subscriber email |
| I would like to transfer assignment of my policy to this new insurance agent:* | |
| Agent name | NPN |
| Agency name | |
| Subscriber Authorization | |
| I hereby authorize AdventHealth Advantage Plans to change the Broker of Record (BOR) on my policy from my current agent to the new agent listed above. I understand the Broker of Record may receive copies of my quoting information, renewal rates and monthly billing information. | |
| Subscriber signature | Date |
| New Agent Acceptance | |
| I accept appointment as Broker of Record for the above policy and agree to service this Subscriber. | |
| New Broker signature | Date |

*All BOR changes will not take effect until January 1 of the following year.

*Submit one form per member

Email completed form to hf-brokers@plusoscar.com.

Medicare Members: For more information, call Customer Service toll-free at **1-800-716-7737**

(TTY/TDD) relay: 1-800-955-8771) weekdays from 8am to 8pm and Saturdays from 8am to noon. From October 1 to March 31, we're available seven days a week from 8am to 8pm.

By law, we must remind you that privacy and security are not assured when sending information over unsecured email. AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.
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