Agent of Record Change Form

Blue Cross Blue Shield Blue Care Network of Michigan

Date: _____

Complete this form when member requests a new Agent of Record.

Important: AOR requests and changes become effective on the first day of the month following receipt of the completed request. Upload the completed AOR form as an attachment to an Agent of Record case in Agent Community for processing.

Member information & authorization	
Member name	Enrollee ID
I hereby authorize the removal of any previously designated Agent of Record and request that the agent listed below be assigned as my new Agent of Record. This authorization will remain in effect until it is withdrawn or replaced in writing by me or my authorized representative.	
Member signature	Date

New agent information & acceptance			
Agent name	Agent ID (5-digit)	Agency ID (2-digit)	NPN
Agent signature		Date	