Priority Health agent of record change form

PriorityHealth

Please fill out this form completely to change your current agent of record to a new agent. All fields are required. If any information is missing, we won't be able to process this request. Note: The power of attorney signing this form must be on file with Priority Health otherwise this form will not be processed.

Section 1 – Member information		
Last name	First name	
Street address		
City	State	Zip
Contract number (on your Priority Health member ID card)		
Section 2A – Remove current agent		
☐ By checking this box, I authorize to remove my agent of record only, and not assign a new agent. (Select this option if you're not assigning a new agent. Skip to Section 3. If you would like to assign a new agent, complete Section 2B below.)		
Section 2B – New agent information		
Name	Agent ID number	
Agency name	Agency address	
Section 3 – Signatures		
I certify that I'm the individual I claim to be. This form supersedes any and all previous agent of record form(s) submitted by myself or an authorized representative acting on my behalf. This form remains in effect until withdrawn or superseded in writing by me or an authorized representative acting on my behalf.		
Member signature	Date	
If you're an authorized representative to act on the member's behalf under the laws of the State where you live, complete the section below. By doing so, this signature certifies that: 1) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by Priority Health Medicare or by Medicare.		
Power of attorney name	Phone number	
Street address		
City	State	Zip
Power of attorney signature	Date	
Section 4 – Instructions		
Please fill out this form completely and return to your new agent to submit to Priority Health. *Note: if submitted by the 10th of the month, your effective date will begin the 1st of the following month. Upon your effective date, only your new agent will be able to assist you, and will receive commission for business services.*		
Questions? Call our Agent Services team at 800.471.2504 (TTY users should call 711). Or, email us at *commissions-licensing@priorityhealth.com*.		

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.
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