



Broker of Record Change Form (Member Request)

I, (member name) _____,

(member ID) _____, wish to change my broker of record to

(broker name) _____, (broker ID) _____

effective immediately.

I understand and acknowledge that by changing my Broker of Record he/she may be paid based upon my enrollment and or renewal in ConnectiCare, Inc. /ConnectiCare Insurance Company, Inc. and the relationship with the original writing broker of record will terminate immediately and he/she will no longer be eligible to receive commission.

Member signature: _____

Date: _____

New broker signature: _____

Date: _____

Fax Broker of Record Change Form to 212-510-5131.

Office Use Only	
Director Approval:	Approval Date:
Effective Date of Change:	Completion Date:

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Connecticut Medicaid program. Enrollment in ConnectiCare depends on contract renewal.

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