



I, _____, _____ wish to change my broker of record to
(Member name) (Member ID #)

_____, _____ effective immediately.
(Broker name) (Broker ID #)

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. and your relationship with your original writing agent or record will terminate immediately and he/she will not longer be eligible to receive commission.

Member Signature: _____

Date:

Broker Signature: _____

Date:

Fax Agent of Record Change Forms to: (860) 409-8993

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.
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