



AGENT TO GENERAL AGENCY ASSIGNMENT FORM

General Agency Information

GA NAME: Pinnacle Financial Service, Inc.

GA NUMBER: 607

I understand that by signing the form I am agreeing to be aligned under the downstream agent hierarchy of the above mentioned General Agency (GA). I also understand I am not required to align all segments of Humana business under the designated GA and it is my responsibility to determine which should be affiliated with the above GA.

Please note this is not an Delegated Commission Assignment Form and does not affect commissions.

Agent or Agency

(Agent or Agency Name)
(SAN)
(Address) (Telephone #)
(Email Address)

Indicate below which segment(s) of business this affiliation applies to:

Dental & Vision:(initial) _____ **Medicare:**(initial) _____ **Achieve (Med Supp):**(initial) _____

Are you the Principal Officer of an agency currently contracted with Humana? Yes No

If yes, please provide the name and SAN/TIN to re-align the agency:

Agency Name: _____ Agency SAN/TIN: _____

IMPORTANT: If an agency is being released and receives commission on behalf of any agents, each agent must submit an MGA assignment form in addition to the agency. If there are agents who are not realigning with the agency, a Delegated Commission Assignment Form must be submitted to update their payee. Failure to do so could prevent or delay the processing of this request.

I understand that if I would like to discontinue my relationship with the above GA at any time, I will need to follow the Agent Release Policy as outlined in the Producer Partnership Plan.

Pinnacle Financial Services, Inc.

GA Name (Print)

1321092

GA SAN

GA Signature

GA Signature Date

Agent/Agency Name (Print)

Agent/Agency SAN

Agent/Agency Signature

Agent/Agency Signature Date