

**AGENT BUSINESS TRANSFERAL  
FORM (Transferal of Business and Commissions)**



**Current Agent of Record**

(Agent)	
(Social Security Number)	
(Address)	(Telephone #)

**The current Agent of Record requests that a new Agency of Record be established for the business identified below. Commissions of the business identified below are to be paid to:**

**New Agency of Record** (Agent above may name himself below in the event of leaving an agency to have **only future** new business pay to his social security number, or may list a new agency for **future** commissions only.)

(Agency)	
(Tax Identification Number)	
(Address)	
(Telephone #)	(Fax)

**Business to be transferred to the new Agency of Record**

<b>Under each Business product (platform), circle or check either Existing, Future, or Both.</b>		
<p><b>1) Individual Products</b></p> <p><input type="checkbox"/> Existing</p> <p><input type="checkbox"/> Future</p>	<p><b>2) Group Products</b></p> <p><input type="checkbox"/> Existing</p> <p><input type="checkbox"/> Future</p>	<p><b>3) Medicare Supplement</b></p> <p><input type="checkbox"/> Existing</p> <p><input type="checkbox"/> Future</p>

**Current Agent of Record signature below.**

<p>As the current Agent of Record (AOR) I am requesting that the AOR be changed for the groups/policies as indicated in this form. <b>The party to receive commissions must complete the Humana Group Producing Agent or Agency Contract and be properly licensed and appointed by Humana.</b> 1099 forms will reflect the amount of compensation that the Agent or Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Group Producing Agent or Agency Contract. <i>State regulatory licensing requirements regarding payment of commissions apply.</i></p>	
<b>Once completed, please fax this form to Agency Management at (920) 339-2160.</b>	
(Print Name)	(Date)
(Signature)	(Title)