EMI Health Direct Dental/Vision Individual & Family Plans

Agent of Record (AOR) Change Form

Primary subscriber Information

Primary subscriber last name	First name	Date of Birth	Subscriber ID no.

I instruct EMI Health to change the current Agent of Record associated with my policy to the agent listed below. By completing this document, I authorize the appointment of this agent as my formal representative for my EMI Health coverage. I understand that this change will transfer the servicing rights and any future commissions associated with my plan, beginning on the effective date of the Agent of Record change.

This designation replaces any previous Agent of Record appointments for this policy and will remain in effect unless revoked in writing by the subscriber.

Primary subscriber signature	Date (MM/DD/YYYY)
X	

New Agent of Record Information

Agent last name	First name	Agent EMI Heatlh writing no.
Agency name		Agency EMI Health writing no.

Please note: Agent of Record changes must be submitted at the writing agent level and not at the agency level. All Agent of Record changes are subject to EMI Health's current processing guidelines. This form may be completed by either the subscriber or the agent but must be signed by both parties to be valid. Once processed, the change will take effect the first of the month following EMI Health's approval of the form.

New agent signature	Date (MM/DD/YYYY)
X	

Email form to:

EMI Health
commissions@emihealth.com

Submission of this form authorizes EMI Health to update its records and recognize the Agent listed above as the Agent of Record for the subscriber's selected coverage. This form is for direct-to-EMI Health plans only and cannot be used to change the Agent of Record for any plan purchased through a state or federal marketplace. **To make an Agent of Record change for an Exchange policy, you must contact the marketplace where the plan was purchased (e.g., your state exchange website or HealthCare.gov).**

This form does not change plan premiums, benefits, or policy terms. All Agent of Record designations are subject to applicable state licensing requirements and EMI Health contracting guidelines. EMI Health reserves the right to validate all information submitted and to reject any incomplete or unauthorized forms. EMI Health is not responsible for any private arrangements between the subscriber and agent.

This authorization remains in effect until revoked in writing by the subscriber. Misuse or falsification of this form may result in corrective action, including removal of agent designation.