



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Agent of Record (AOR) Request

This form may be used to designate an AOR for members enrolled in the Presbyterian Individual and Family Plan (Off Exchange only) or the Presbyterian Medicare Advantage Plan (MA).

*Please note: Medicare Advantage AOR Requests may only be submitted if no agent is assigned to the policy at the time of the request. Exceptions will be reviewed on a case-by-case basis. Provide reason for exception.**

Subscriber Information	
Subscriber Name: (First Last)	Date of Birth: (M/D/YYYY)
Subscriber ID:	Phone:
Plan Type: _____ Individual and Family Plan _____ MA (DSNP, HMO, HMO-POS, PPO)	
Authorization of Agent of Record Change	
<ul style="list-style-type: none">• I wish to appoint _____ (agent name) as my Insurance agent.• I understand this change will allow my new insurance agent to obtain information about my Presbyterian Health Plan from Presbyterian Health Plan.• I understand the change will be effective the 1st of the month following the date the request is received by Presbyterian.• I have my new agent's contact information. <p>* Reason for exception:</p>	
Signature	
Subscriber Signature:	Date:
Agent Information	
Agent Name:	
Agent NPN:	Agent Phone:
Agent Email:	

Please complete this form and email to:

- iplan@phs.org (for Presbyterian Individual/Family Plan policies)
- medicare.sales@phs.org (for Presbyterian Medicare Advantage Plan policies)