

Humana Insurance Company

Thanks for looking at our Opportunity to become an Independent Contractor with Affordable Health Insurance Agency, LLC. It was a pleasure talking with you! Here is all the paperwork needed for contracting with us. If you have any questions, feel free to call us at 888-883-8490 or 262-784-7344.

- Print off and Fill out this paper work with Black Pen, print and write legible. This Paperwork is only if you are already contracted with Humana and want to transfer to our agency.
- **If you are a new agent**, Email us at amanda@truehealth.com your Address and we will mail an Agent Contracting Kit out to you.
- Please Fax or mail me a copy of your State(s) License that you wish to be appointed in and a Copy of your Errors and Omissions Insurance (E & O).
- Fax to 262-821-0508 Attn: Kevin
- If you do not have a fax then mail to:

Affordable Health Insurance Agency, LLC
Attn: Kevin
17100 W. Bluemound Road Ste 202
Brookfield, WI 53005

- Any questions feel free to call me at the number above.

**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

Under each Business product (platform), circle or check either Existing, Future, or Both.		
<p>1) Individual Products</p> <p><input type="checkbox"/> Existing</p> <p><input type="checkbox"/> Future</p>	<p>2) Group Products</p> <p><input type="checkbox"/> Existing</p> <p><input type="checkbox"/> Future</p>	<p>3) Medicare Supplement</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. The party to receive commissions must complete the Humana Group Producing Agent or Agency Contract and be properly licensed and appointed by Humana. 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>	
<p>Once completed, please fax this form to Agency Management at (920) 339-2160.</p>	
(Print Name)	(Date)
(Signature)	(Title)