



Agent of Record

(AOR) Change Form

Please complete the AOR Change Form and submit to DHP.MAPDSales@deancare.com or Fax to **608-252-0801**.

Dean Advantage – Medicare Policies

Today's Date: _____

Current Agent/Agency: _____

Name of Insured(s)	Date of Birth	Policy Number	Policy Effective Date

Please be advised that we wish to name: _____
Agent/Producer

Of _____ as our exclusive representative effective _____
Agency Name, Agency Code *Date*

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

Insured's Signature: _____ Date: _____

Return form to:
Email DHP.MAPDSales@deancare.com
Fax to **608-252-0801**



The initial commission payment will remain with the current Agent of Record (AOR) until renewal. At renewal the new AOR will receive renewal commissions. Renewal Commissions (Not New to DHP): Renewal commissions will go into effect first of the month following the AOR change request to the new AOR.