

Humana

AGENT TO GENERAL AGENCY ASSIGNMENT FORM

General Agency Information

GA NAME: Lance Hoeltke

GA NUMBER: 932

I understand that by signing the attached form I am agreeing to be aligned under the downstream agent hierarchy of the above mentioned General Agency (GA). I may not have to align all segments of Humana business under the designated GA and it is my responsibility to determine which lines of business are affiliated with the above GA.*

Please note this is not an Agent Business Transferal Form and does not affect commissions.

Agent or Agency

(Agent or Agency Name)	
(SAN)	
(Address)	(Telephone #)
(Email Address)	

Indicate below which segment(s) of business this affiliation applies to:

HumanaOne: (initial)

Medicare: (initial)

Are you the Principle Officer of an agency currently contracted with Humana? Yes No

If yes, please provide the name and SAN/TIN to re-align the agency:

Agency Name: _____ Agency SAN/TIN: _____

*If the agency receives commission on behalf of multiple agents, each agent must submit an assignment form. If there are agents who are not realigning, they must submit an ABTF to change their payee.

I understand that if I would like to discontinue my relationship with the above GA at any time, I will need to follow the Agent Release Policy as outlined in the Producer Partnership Plan.

Lance Hoeltke/ Bishop Marketing
GA Name (Print)

1276979
GA SAN

Lance Hoeltke
GA Signature/Date

Agent Name (Print)

Agent SAN

Agent Signature/Date