



Agent of Record Change

Today's date _____

PacificSource Health Plans
PO Box 7068
Springfield OR 97475

Re: Group Name _____

Group Number(s) _____

Plan Effective Date _____

Dear Group Processing Services:

Our company has appointed a new agent as our exclusive insurance representative with respect to coverage provided by PacificSource Health Plans. I understand that the new agent is not an employee of PacificSource.

I have authorized this agent to act on our behalf in place of our former agent, and I rescind all previous appointments.

This letter enables PacificSource to furnish our new agent with all information he or she may request as it pertains to our insurance contract. I understand that the agent's broker commission will be paid out of our monthly premiums.

This designation will remain in effect until I notify you otherwise, in writing. My Agent of Record is hereby vested with authority to make any representations, agreements, or promises that are necessary or desirable to arrange insurance on our behalf.

Former Agent _____

New Agent _____

Agency _____

Business Address _____

Sincerely,

Group Officer Name _____

Group Officer Title _____

Please complete this form letter, sign it, and send it to PacificSource:

- Fax to (541) 225-3645; or
- U.S. mail to PacificSource Health Plans, PO Box 7068, Springfield, OR 97475