AGENT / BROKER OF RECORD CHANGE REQUEST

IMPORTANT! PLEASE READ FIRST Insurance companies require **you**, the member, to request an Agent/Broker of Record change. All the information you need is printed on your insurance card. Please copy the information from your card into the spaces below. To complete your request, you may copy the information exactly below:

To Whom It May Concern:

I am requesting to change my Agent/Broker of Record to the agent listed below. Please update my records accordingly.

Carrier Name:

Carrier Mailing Address:

Agent/Broker Name: Angela Niedermeyer

Agency Name: TLC Senior Solutions

Agency Address: 105 Mead Ave, Meadville, PA 16335

NPN: 8263976

Member Name:

Address:

Phone:

Member / Policy ID #:

Medicare #:

I understand that my chosen agent or broker may receive compensation based on my enrollment and/or renewal with my insurance carrier. I authorize the carrier listed above to update my records accordingly.

Signed by:

Date: