

# AGENT OF RECORD CHANGE FORM



## SUBSCRIBER INFORMATION

I (the subscriber) authorize the insurance agent/producer listed below to share enrollment, disenrollment, and summary plan information specific to the applicant with the insurance carrier.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Record Number

\_\_\_\_\_  
Subscriber Name

\_\_\_\_\_  
Subscriber Signature

## AGENT/PRODUCER INFORMATION

\_\_\_\_\_  
KP Agent Number

\_\_\_\_\_  
KP Agency Number

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agent Signature