

**REQUEST TO CHANGE AGENCY AFFILIATION AND COMMISSION ASSIGNMENT****Broker Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_**NEW AFFILIATION**

- ☐ I am currently an independent agent with Brand New Day or Central Health Medicare Plan and would like to enter into a new affiliation with \_\_\_\_\_ (*new agency*).

**CHANGE AFFILIATION**

- ☐ I would like to end my affiliation with \_\_\_\_\_ (*current agency*) and enter into a new affiliation with \_\_\_\_\_ (*new agency*).

**TERMINATE AFFILIATION**

- ☐ I would like to end my affiliation with \_\_\_\_\_ (*current agency*) and contract directly with Brand New Day or Central Health Medicare Plan.

**PAYMENT**

- ☐ I would like to receive direct payment from the agency.
- ☐ I would like to continue receiving direct payment.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**PLEASE NOTE:**

- Agent will need to submit this form to Broker Relations directly to complete the request.
- For requests to change/terminate a current agency affiliation, agents are responsible for informing their current agency via email and cc'ing [marketing@universalcare.com](mailto:marketing@universalcare.com) or [brokers@centralhealthplan.com](mailto:brokers@centralhealthplan.com) prior to submitting this form.
- **Effective date of the new affiliation will be confirmed by Broker Relations in email.**
- Requests received and approved by the **15<sup>th</sup>** of the month will be effective the 1<sup>st</sup> of the following month.
- All requests are subject to approval by Brand New Day or Central Health Plan. We do not allow changes for effective dates **10/1, 11/1, or 12/1.**
- Agents may request to change their affiliation **only once** each calendar year.

EMAIL TO BROKER RELATIONS AT [marketing@universalcare.com](mailto:marketing@universalcare.com) or  
[brokers@centralhealthplan.com](mailto:brokers@centralhealthplan.com)