

FMO AGENT Change Form

This form is required for an FMO Agent to change to a different FMO Agency, either within the same FMO Top of Hierarchy or to a different Top of Hierarchy. This form and a copy of the Release letter from the current Top of Hierarchy must be emailed to MedicareBrokerSales@FloridaBlue.com. The changes will not be made until approved by Florida Blue Medicare.

Section 1: Requesting FMO Agent (Identify the agent who is moving?)	
FMO Agent Name:	AOR Number:
Section 2: Releasing Agency (Who is the agent above moving from?)	
Name of Top of Hierarchy (TOH):	TOH AOR Number:
Name of Immediate Upline Agency (if any):	Upline AOR Number:
Section 3: New Agency (Who is the agent moving to?)	
Name of Top of Hierarchy (TOH)	TOH Agency AOR Number:
Tax Id Number:	
Name of Immediate Upline Agency (if applicable):	Upline AOR Number:

As the Agent referenced in section 1 above, I am requesting a change in agency relationship as identified in this form. I understand that this request is subject to approval and will not be effective until it is processed.

____ I am not indebted to nor is their contested debt or items of value with the releasing agency identified in Section 2 above.

____ I have not submitted Florida Blue Medicare enrollments in the 90-day period immediately preceding the date of this form.

Print Name _____ Signature _____ Date: _____

Florida Blue Medicare Use Only:	
Approved By (Print): _____	Title _____
Signature _____	Date Approved ____/____/____