

## Agent Affiliation Change Notice

The Agent Affiliation Change Notice formally recognizes an agent's request to be released from a Field Marketing Organization (FMO) and select a new FMO.

Upon receipt of an affiliation change notice, the incumbent FMO will receive written notice of the termination of this relationship from Baylor Scott & White Health Plan (BSWHP) and its subsidiaries including FirstCare Health Plans (FCHP).

This agreement may be canceled at any time by either party with 30 days' written notice. The agent then may affiliate with another FMO of the company (BSWHP and FCHP will only allow one re-affiliation every 12 months). No amendment to this agreement may occur without 30 days' written notice.

Agent shall maintain their own errors and omissions coverage and other contractual requirements as required by BSWHP and FCHP.

This notification pertains to the following products as indicated by the selections below. FMO may only affiliate for products for which they are licensed, appointed and certified to sell with BSWHP and/or FCHP.

Please Print Clearly: (All information required.)

Agent Information	
Agent Name:	
BSWHP Writing Number:	NPN:
Product Line	
<input type="checkbox"/> Medicare and Medicare Supplement Products	<input type="checkbox"/> Individual & Family Plan and Marketplace Products
FMO Information	
New FMO Name:	
New FMO NPN:	

**Agent Consent**

Agent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**New FMO**

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all fields, sign and return this form to Baylor Scott & White Health Plan by:

1. Email: [HPBrokerCommission@BSWHealth.org](mailto:HPBrokerCommission@BSWHealth.org)
2. Fax: 254.298.3512

Agent Support Rep: _____	Receive Date: _____	<b>HP Office Use Only</b>
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