



Agent of Record (AOR) Change Request

ATRIO AOR Policy:

- The signing agent on an Application or a Plan Change form is recognized as the Agent of Record for that member.
- Members may elect to change their Agent of Record by completing this form AND by concurrently completing an Authorized Representative form and submitting them together to ATRIO.
- ATRIO reserves the right to review and determine AOR assignment requests on a case-by-case basis. Any approved AOR changes will take effect on January 1st the following year.
- AOR Change Request forms **MUST** be completed and submitted by the member.

Member Information	
Member Name (First, M.I., Last):	Date of Birth:
Member ID:	Phone:
Member Authorization of Agent of Record (AOR) Change	
I formally request this new agent to assist and represent me with all of my ATRIO Health Plans coverage. I understand that this agent is an independent contractor and not employed by ATRIO Health Plans, that this new agent will replace my prior Agent of Record and that this change will remain in effect until such time as I submit a new AOR Change Request or an Application or Plan Change form that conflicts with this AOR Change Request.	
Signature	
Member Signature:	Date:
Agent Information	
Former Agent Name:	
New Agent Name:	

Please complete and sign this form, along with an Authorized Representative form, and return to ATRIO Health Plans by:

Mail: ATRIO Health Plans
 Attn: Agent Desk
 2270 NW Aviation Dr #3
 Roseburg, OR 97470

Fax: 1 (541) 672-8670

Email: AgentDesk@atriohp.com

Internal Use Only			
AOR Receipt Date:		Marketing Approver:	
AOR Effective Date:		Date Approved:	