



GROUP AGENT OF RECORD (AOR) CHANGE FORM

TO BE COMPLETED BY THE GROUP OR AGENCY:

This Group AOR Change Form must be accompanied by an email from an **authorized Group representative** requesting the change. Any realignment of a Group to a new agent/agency must be accepted by Florida Blue to be binding.

The effective date of the AOR change will be the 1st or 15th of the month following the date the request is received.
(1st or 15th is based upon the group's renewal date.)

1. GROUP INFORMATION:

GROUP NAME:	GROUP NUMBER:
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2. NEW AGENCY INFORMATION:

RECEIVING AGENCY NAME:	RECEIVING AGENCY AOR NUMBER:
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3. NEW AGENT INFORMATION:

RECEIVING AGENT NAME:	RECEIVING AGENT AOR NUMBER:
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Please forward completed form with email **from the authorized Group representative** to:

ChannelPartnerDataManager@bcbsfl.com for Small Group

or

Your Florida Blue Sales Representative for Mid and Large Group