

# Producer of Record Change Request



This form allows my new insurance producer to get information about my Medicare Advantage plan from PacificSource Medicare.

## Member Information

Member Name (First, M.I., Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Member ID \_\_\_\_\_

Plan Effective Date \_\_\_\_\_ Phone \_\_\_\_\_

## Authorization of Producer of Record Change

I choose this new producer to help me with my PacificSource Medicare Advantage plan. I am aware the new producer is not employed by Pacific Source Medicare. I know this new producer will replace my prior producer. This change will remain until I let the plan know of a new change in writing.

## Signature

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## Producer Information

Former Producer Name (First, Last) \_\_\_\_\_

New Producer Name (First, Last) \_\_\_\_\_ Producer PM# \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please complete and sign this form, and return to PacificSource Medicare by:**

- Email: medicareagentcoordinator@pacificsource.com
- Fax: (541) 382-3407 or (208) 395-2682
- Mail: PacificSource Medicare, 2965 NE Conners Ave., Bend, OR 97701

## Internal Use Only

Policy Effective Date \_\_\_\_\_ Policy Type \_\_\_\_\_

Prior Producer Name and PM# \_\_\_\_\_

Prior Commission \_\_\_\_\_

POR Receipt Date \_\_\_\_\_ New Producer Effective Date \_\_\_\_\_

New Producer Commission \_\_\_\_\_ Updates/Notes Made in: Facets OnBase

Notes

Accessibility help: For assistance reading this document, please call us at (888) 863-3637. TTY: (800) 735-2900

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 863-3637, TTY: (800) 735-2900。