

# 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](mailto: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

PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-863-3637, TTY: 711.

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: 711。