

**Agent of Record - Request Form**  
Individual, Medicare and Medicare Advantage Policies

Complete, sign and submit this form to:  
Sanford Health Plan  
PO Box 90447  
Sioux Falls, SD 57109-0447  
Fax: (605) 328-7001  
Email: sales@sanfordhealth.org

Policyholder Information

Policyholder Name: Policyholder ID#: (# on your member ID card)

Agent Information

Add the below agent to represent my Sanford Health Plan:

Agent name:  
Agency:  
Reason/Comments:

Signature

Policyholder signature: Date:  
Agent signature: Agent ID #:  
Agent Name (please print): Agent NPN#

- Important:**
1. All requests for adding an agent of record (AOR) must come from the Policyholder.
  2. The agent must be appointed with Sanford Health Plan and certified to represent the health coverage product you are on.
  3. If approved the agent change will be effective the first of the month following the process and approval of the AOR request. The current agent will receive written notification of this AOR transfer and effective date of change. If request is denied the requested new agent and client will receive written notification
  4. Agent of Record request for Marketplace and Medicare Advantage members expire at the end of each calendar year. Agent NPN must be updated on the member's Marketplace account for the AOR to follow through to the next calendar year of coverage.
  5. If the complete AOR request is received on or before the 10th of the month, the change will become effective on the first of the month immediately following.