

STANDARD BROKER OF RECORD (BOR) CHANGE FORM



A Standard BOR Change Form is required for each Employer Group being transferred

This form is required to be filled out in its entirety in order for Tufts Health Plan to process the BOR Change

If you are a new Broker with Tufts Health Plan, you must also submit with the Standard BOR Change Form the following documents in order to receive payment:

- W-9
- Copy of active License of Individual/Agency to be paid
- Individual/Agency Application

Employer Group Name: _____

Employer Group Number: _____

Requested Effective Date*: _____

Name of Acquiring Agency or Individual (Choose one)

Name of Acquiring Agency & Tax Identification Number (TIN):

Name

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TIN

OR

Name of Acquiring Individual & Social Security Number (SSN):

Name

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SSN

Pay to (Choose one)

Agency: _____

OR

Individual: _____

Employer Group's Authorization

First Name

Middle Name

Last Name

Signature _____ Title _____ Date _____

Acquiring Broker's Authorization

First Name

Middle Name

Last Name

Signature

Title

Date

Contact Information

Once completed, please submit this form to the Sales Department for processing.

Email: Brokerforms@tufts-health.com
Fax: 617.923.5880

*Additional Detail on Effective Date (taken from 2013 Broker Agreement Terms & Conditions)

Tufts Health Plan will pay Monthly Commissions to the newly named Broker or entity effective the later of:

- The first of the month following receipt of written notification; or
- The effective date listed in the written notification. However, if the effective date listed in the written notification is not the first day of a month, Tufts Health Plan will make the effective day be the first of the month after the date in the written notification.