



# AOR TRANSFER REQUEST - GROUP POLICY [Form AOR-1]

Date: 6 / 20 / 2022

Complete, Sign and Submit this Form To:

Channel Management  
Wellmark Blue Cross and Blue Shield of Iowa  
PO Box 9232 Station 3W491  
Des Moines, IA 50306-9232  
Fax: (515) 376-9086

Or Email to:

[ChannelManagement@wellmark.com](mailto:ChannelManagement@wellmark.com)

From Our Current Agent / Agency AOR:

Writing Agent Name: Darin Deroiser/ Josh Gilkerson  
Agency Name: Fischer Rounds and Associates  
Agency Address: 125 E. Dakota Ave  
Pierre, SD 57501

To Our Desired New Agent / Agency AOR:

Writing Agent Name: Scott Duncan/Chris Roberts  
Agency Name: HUB International  
Agency Address: 132 E Illinois St PO Box 580  
Spearfish, SD 57783

I understand that Wellmark will consider granting my request for certain conditions and/or reasons. The conditions and/or reasons for my AOR Transfer Request are the following: (Check all boxes that apply or add comments with additional information/reasons.)

- ☐ Agent Retirement/Death/Termination    ☐ Service Issues    ☐ Agent or customer moved  
☐ Customer wants direct Wellmark relationship    ☒ Customer wants to work with another agent  
☐ Conflict with current agent    ☐ Comments \_\_\_\_\_

## Ownership Change/Acquisition or Merger

Please check and fill out the following information if:

- ☐ Your company name has changed as a result of a change in ownership or an acquisition or merger within the past six (6) months.

Acquired (Previous) Company Name:	
Acquired (Previous) Company Address:	
Acquired (Previous) Company's Tax I.D. Number:	

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

We understand that the designation of the writing Agent and Agency Agent of Record for our Wellmark group health insurance policy may be determined and changed by Wellmark in its sole and absolute discretion. We also understand that Wellmark may contact us and others by phone, email or other means to verify this AOR Transfer Request and to perform other due diligence with respect to this request.

If you accept our request, we understand that all future inquiries concerning our employee benefits with Wellmark will be directed to the "New Agent / Agency AOR" set forth above. This request will remain in effect unless and until we rescind it in writing.

Dated as of: 08 / 01 / 2022

Company Name\*: City of Deadwood

Company's Wellmark Group Policy Number: 81409-0000

Signature of Company's Authorized Signer: \_\_\_\_\_

Print Name: Jessicca McKeown

Print Title: Finance Officer

Phone Number: ( 605 ) 578-2600

\*If your company had a name change as a result of a change in ownership, a merger or an acquisition, this will be the Acquiring (New) Company Name.

#### **RESCISSION OF AOR TRANSFER REQUEST**

**We hereby rescind the AOR Transfer Request set forth above. I have re-considered my AOR Transfer Request and want to retain my current Agent and Agency Agent of Record.**

Dated as of:       /      /      

Company Name: \_\_\_\_\_

Signature of Company's Authorized Signer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_