



L.A. Care Health Plan Agent of Record (AOR) Instructions

Purpose: The purpose of the form is to ensure that L.A. Care has the necessary information to process the request as early as possible as early as possible.

Procedure: Please include all requested information to ensure L.A. Care can process the request upon the initial receipt.

- The new agent should fill out the AOR Form information electronically, except for the signatures. It is especially important to complete with all accurate information.
- The new agent can request authorization from the L.A. Care Covered member to fill out the member's information on the form via an email, call, or in person.
- Once the form is completed electronically the authorized member and agent must sign the form.
- The new agent must submit the AOR to their respective General Agency in order to submit the AOR via **SFTP Site**.
 - Our General Agencies are as follow:
 - Dickerson Employee Benefits Insurance Services
 - individualins@dickerson-group.com
 - HealthCare Access Insurance Services
 - kvanegas@hcafmo.com
 - JAR Insurance Services
 - dsalazar@jaragent.com
 - Lion's Insurance Services
 - info@lionsinsurance.com



AGENT OF RECORD FORM

_____ hereby designates _____ as
Member Name Agent Name
the Agent of Record (AOR).

If the AOR form is received by the 20th of the month, the Agent will be effective the first day of the following month. If the AOR form is received after the 20th of the month, the Agent will be effective the first day of the second following month. Once L.A. Care Covered receives confirmation from Covered California commission payment(s) will be made according to the effective date.

Example 1:

Agent of Record form received on January 10, 2015, the new agent will be effective February 1, 2015.

Example 2:

Agent of Record form received on January 28, 2015, the new agent will be effective March 1, 2015.

Former Agent Information (if available):

Agent Name: _____

Agent California Department of Insurance Number (DOI#): _____

New Agent Information:

Agent Name: _____ Agent PH #: (_____) _____ - _____

California Department of Insurance Number (DOI #): _____

Appointing General Agency Name: _____

Agent Mailing Address: _____

Agent E-Mail Address: _____

City _____ State _____ Zip Code _____

Member Information:

Member's Full Name (Print): _____ Date of Birth: _____

Member ID#: _____ Covered CA Case #: _____

Member's Signature: _____ Date _____

To be completed by new Agent

As the new agent, I accept the assignment of the above named Individual & Family Plan as their Agent of Record. I further certify that all the information shown above is correct and complete to the best of my knowledge. I also understand that commissions will not be payable until the effective date of the Agent of Record change per established guidelines.

Agent's Signature: _____ Date _____