



Appointment for Agent of Record

I hereby appoint _____ as Agent of Record, effective immediately for purposes of arranging and servicing my Providence Health Plan insurance coverage for me and/or my family. The appointment rescinds all previous appointments and shall remain in effect until termination by either party.

Reason/Comments: _____

Printed Name: _____ Date: _____

Signature: _____

Providence Health Plan Policy No. or Member ID: _____

Agent Signature: _____ Date: _____

Providence Health Plan Agent No.: _____

Please email your completed AOR Form to:

producersupport@providence.org

Producer Support: 503-574-6300 option 4