



**Harvard Pilgrim
HealthCare**

MEDICARE SUPPLEMENT and MEDICARE ADVANTAGE

BROKER OF RECORD FORM

**Member
Name**

Policy #

Subscriber hereby names the following Broker as the Subscriber's Broker of Record. This Broker shall remain the Broker of Record until Harvard Pilgrim is notified by the Subscriber, in writing, of any change to this arrangement.

Subscriber Signature

Date

Broker Signature

Date

Print Broker Name

**Broker
ID**

The subscriber must complete, sign, and return this form in order to recognize the Broker of Record.