



Agent of Record Change Form

Attention: Together with CCHP Broker Support Team

Re: Member ID #(s):

Dear Together with CCHP,

Please appoint _____ as our exclusive broker.

This letter will rescind all previous agent appointments. I acknowledge that Together with CCHP will appointment the aforementioned agent on the first of the month following the date of this letter.

All future payable commission will henceforth be made payable to the agent appointed on this letter, until Together with CCHP receives written confirmation of cancellation.

Thank you,

Signature

Date

Please return this form by one of these ways:

- Mail: Together with CCHP
Attn: Sales
P.O. Box 1997 – MS 6280
Milwaukee, WI 53201-1997
- Fax: 414-266-1611
- Email: CCHP-BrokerSupport@chw.org

Internal Reference:
TOG Broker Form– Agent of Record Change (Rev 2017.0901)

PO Box 1997, MS 6280 | Milwaukee, WI 53201-1997 | Toll-free: 1-844-201-4672 | togetherCCHP.org