

General Agency/ Field Marketing Organization (FMO) affiliation change form

Date submitted:		Date of change:	
Status: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Terminate			
General Agency/FMO affiliation: Wright Insurance Group		General Agency/FMO ID: A - 00559	
Broker contact information:			
Broker ID: B -			
Broker name:			
Address:			
Address:			
City:		State:	ZIP:
Phone:		Email:	
Assignment of General Agency/FMO authorization			
I hereby authorize Wright Insurance Group as my FMO. (General Agency/FMO)			
Agent signature:		Name (print)	Date:
Please send completed form to:			
Email: <i>commissions-licensing@priorityhealth.com</i>		Priority Health Commissions, MS 2305 1231 E. Beltline NE Grand Rapids, MI 49525	
Questions: 800.471.2504 (option 3)			