



Member Requested Agent Change Form

Please complete and submit this form if you would like to make a change to the agent listed on your record. Please provide as much information as possible to help Lasso Healthcare identify the requested change, the reason, and any new agent you wish to have listed on your record. We may contact you if we need additional information.

Section A – Please fill out with YOUR information	
My Name	
My Member ID#	
My Phone number	
My Address	
Section B – Please fill out with your AGENT information	
My Current agent	
His/her Agency	
I wish to make the following change (please provide detail and reason for change)	
Name of new agent I wish to work with (if applicable)	
His/her NPN	
His/her Agency	
His/her Phone Number	
Signature _____ Date _____	

Please mail completed form to: Lasso Healthcare, P.O. Box 60690, Harrisburg, PA 17106