

# Producer of Record Change

Please send this form to your FMO (if applicable);  
fax to 425-918-3378 or email to [medicaresupport@premera.com](mailto:medicaresupport@premera.com)

Requested Effective Month of Change (MM/DD/YYYY): \_\_\_\_\_

Request must be received 15 days prior to the first day of the requested effective month.

## CONTRACT MEMBER

### Contract member information:

Member name (please print)	Member #		
Member date of birth (MM/DD/YYYY)	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Medicare Supplement	
Street address	City	State	ZIP
Contract member's signature	Today's date (MM/DD/YYYY)		

## NEW PRODUCER

### I wish to appoint the following exclusive producer to my existing contract:

Name of new producer	Writing number		
Agency name			
Street address	City	State	ZIP
Email address			



**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

- This form replaces any authorization of Producer of Record Change forms previously completed by me.
- This form allows the designated producer to get information about me and my Premera Blue Cross Medicare Advantage or Medicare Supplement Plan.
- This form is intended merely to transfer the rights and responsibilities of a producer to the new producer, subject to Premera Blue Cross approval in accordance with its current policies and procedures.
- **Please print this document, sign and date your signature in the contract member section, and return to your new producer.**

Premera Blue Cross is an HMO with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

