

Producer of Record Change

Please email completed form to agentsupport@premera.com

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

Form must be submitted prior to the first day of the requested effective date.

Please note that for Marketplace policies, the Producer of Record must also be updated in the Federal Market place. Also, this form will not work to replace another Producer of record already listed, that change must be updated in the Federal Marketplace.

CONTRACT MEMBER			
Contract member information:			
_____		_____	
Member name (please print)		Member #	

Member date of birth (MM/DD/YYYY)			

Street address	_____	_____	_____
	City	State	ZIP

Contract member's signature		Today's date (MM/DD/YYYY)	

Form continued on next page

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

- 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 Individual Health 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 in the contract member section, and return to your new producer.**