

# Small group producer of record change request

Use this form to request a change to your producer of record on file for **off-exchange business only**.

Complete all fields and submit this form to one of the contacts listed below:

- **Fax:** (209) 371-5830
- **U.S. mail:** Blue Shield of California, P.O. Box 3008, Lodi, CA 95242
- **Email:** producerservices@blueshieldca.com

|                       |                            |
|-----------------------|----------------------------|
| Customer name:        | Customer ID#:              |
| Producer/agency name: |                            |
| Tax ID#:              | Requested effective date:* |

By signing below, I acknowledge that I am appointing the above-referenced producer as my organization's insurance representative with respect to coverage provided by Blue Shield. The above-referenced producer is authorized to act on my behalf.

This designation will remain in effect until Blue Shield is notified otherwise in writing with this form.

|  |   |
|--|---|
| Name of group administrator/authorized group contact | Signature of group administrator/authorized group contact |
| Title: CEO, President, Owner, etc                    |   |
| Signature of accepting broker                        | Date  |

\* Producer of record change will take effect on the 1st day of the month following the date of receipt unless a future date is specified.