

Off-exchange IFP and Medicare Supplement plans broker of record change request

Use this form to request a change to your broker of record on file for Medicare Supplement plans and off-exchange Individual and Family Plans only.

Complete all fields and submit this form to the contact listed below:

• **Email:** producerservices@blueshieldca.com

Subscriber name:	Subscriber ID#:
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Broker/agency name:

Broker SSN/Agency Tax ID#:	Requested effective date:*
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By signing below, I acknowledge that I am appointing the above-referenced producer as my 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 subscriber

Signature of subscriber

Signature of accepting broker

Date

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

